

STATE OF OREGON

Spouse Victim

In Custody

COUNTY OF \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY\* and  
REQUEST FOR COURT-APPOINTED COUNSEL**

(Not Public Information)

Case No. \_\_\_\_\_

Charges: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Type: \_\_\_\_\_

(ONLY IF NOT CRIMINAL OR PV)

I am asking for appointment of an attorney in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependent family. The following information is complete and accurate to the best of my knowledge, and I ask the court to use the information to decide whether I or my child can have an appointed attorney and payment of other defense costs at public expense. I understand that I can be required to document or verify this information. I understand that failure to do so could result in my request being denied, or if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth, I can be required to repay the cost to the state for providing court-appointed counsel and/or I can be charged with a crime, and if convicted, I can be incarcerated.

**BE SURE TO READ THE "ADVICE OF RIGHTS" FORM**

PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU - IF SOMETHING DOES NOT APPLY, WRITE "NA"

**1. PERSONAL**

Last

First

Middle

Full Name of Applicant \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ ODL/ID: \_\_\_\_\_

Sex:  Female  Male **Marital Status**  Married  Single  Separated  Divorced  Other \_\_\_\_\_

**List the following information for everyone living in your household:**

Name	Relationship	Age	Monthly Net Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. EMPLOYMENT AND INCOME**

**Present employer** \_\_\_\_\_ How long \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Average hours per week \_\_\_\_\_ Net (after tax) monthly income \_\_\_\_\_

Amount of Last Check: \_\_\_\_\_ If unemployed, how long since last employment \_\_\_\_\_

**Previous employer** \_\_\_\_\_ How long \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Net (after tax) monthly income \_\_\_\_\_

**Spouse's employer** \_\_\_\_\_ How long \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Average hours per week \_\_\_\_\_ Net (after tax) monthly income \_\_\_\_\_

Amount of Last Check: \_\_\_\_\_ If unemployed, how long since last employment \_\_\_\_\_

**Other income for you and spouse, dependents or household members;** for example, Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, etc.:

Source of Income - DESCRIBE	Amount	How long received	How often received
_____	_____	_____	_____
_____	_____	_____	_____

**Other household members who help pay for your living expenses:**

Name	Amount	Payment for what? - DESCRIBE
_____	_____	_____
_____	_____	_____

**3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS**

Cash \_\_\_\_\_ If in custody, amount in jail or trust account \_\_\_\_\_

Savings Account No. \_\_\_\_\_ Balance \_\_\_\_\_ Bank/Branch Office. \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Balance \_\_\_\_\_ Bank/Branch Office. \_\_\_\_\_

Other Account No. \_\_\_\_\_ Balance \_\_\_\_\_ Bank/Branch Office. \_\_\_\_\_

**Real Estate:**

Address, City	Year of Purchase	Purchase Price	Value	Amount Owed	Real Estate Payments Made to:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Credit Cards:**

Card Name/Bank	Account No.	Current Balance	Credit Limit
_____	_____	_____	_____
_____	_____	_____	_____

**Motor Vehicle:**

Year, Make, Model	Value	Amount Owing	Vehicle Payments Made to
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these motor vehicles used for work (other than driving to and from work)?  Yes  No

**All other property or assets;** for example, luxury items, antiques, boats, guns, jewelry, tools, etc.:

Description	Value	Description	Value
_____	_____	_____	_____
_____	_____	_____	_____

**Money owed to you or spouse by others;** for example, tax refund, trust, settlement, judgment, etc.:

Name of Debtor	Amount Owed	Date Expected
_____	_____	_____
_____	_____	_____

**4. MONTHLY EXPENSES - List all expenses that are paid monthly by you individually or by you jointly with spouse:**

Rent/Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ Food \_\_\_\_\_ Credit Card Payment(s) \_\_\_\_\_ Medical Debts \_\_\_\_\_

Car Payments \_\_\_\_\_ Insurance \_\_\_\_\_ Court-ordered fines/fees \_\_\_\_\_ Other \_\_\_\_\_

Child Care \_\_\_\_\_ Child Support \_\_\_\_\_ Name of children/ages: \_\_\_\_\_

**5. APPLICANT HISTORY**

I have \_\_\_\_\_ security/bail posted on this or other pending cases.

Have you ever requested a court-appointed attorney before this application?  Yes  No

If "yes," my request for a court-appointed attorney was:  Approved  Denied

In which county was your request? \_\_\_\_\_ Date \_\_\_\_\_ Charge(s) or type of case \_\_\_\_\_

I understand that I may be required to pay a \$20 application fee for the processing of this application. If I receive the services of a court-appointed attorney. I understand that I may be required to pay a contribution amount and/or I may be required to reimburse the state for reasonable court-appointed attorney fees and costs regardless of the outcome of the case. Any order for payment of these fees or costs will be based upon my financial ability to pay such fees and costs. I understand I may request the court waive all or part of the potential fees and costs.

I acknowledge receipt of the Advice of Rights form by initialing as follows: \_\_\_\_\_

I certify and affirm that I have read the information contained in this form, personally completed this application or requested its completion, and that all statements contained herein are true and complete.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Applicant has completed this affidavit.

Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
CLERK OF COURT

ORIGINAL: Court File or Verification

COPIES: Verification or Court File  
Applicant  
Court-Appointed Counsel