

JUVENILE DELINQUENCY APPLICATION FOR PUBLIC DEFENDER

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of the case.

Juvenile Delinquency Case Number(s): _____ County: _____ Courtroom: _____ District: _____

Next Hearing Date/Type: _____

All sections must be completed. Please print neatly. If an item does not apply, write N/A.

Juvenile Applicant				Responsible Party (Providing for Juvenile) Check One			
Name _____ Mailing Address _____ Street Address (if different) _____ City, State, Zip _____ Phone Number _____ Soc. Sec. No. _____ Birth Date _____ Driver's License/ID No. _____ State _____				<input type="checkbox"/> Department of Human Services (If juvenile is in the custody of DHS no financial information necessary) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Legal Custodian(s) <input type="checkbox"/> Juvenile (Income and assets of parent, guardian or legal custodian not available to juvenile)			
Responsible Party's Information (1)				Responsible Party's Information (2)			
Name _____ Relation to Applicant _____ Mailing Address _____ Street Address (if different) _____ City, State, Zip _____ Phone Number _____ Soc. Sec. No. _____ Birth Date _____ Driver's License/ID No. _____ State _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced/Civil Union Dissolved <input type="checkbox"/> Separated				Name _____ Relation to Applicant _____ Mailing Address _____ Street Address (if different) _____ City, State, Zip _____ Phone Number _____ Soc. Sec. No. _____ Birth Date _____ Driver's License/ID No. _____ State _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced/Civil Union Dissolved <input type="checkbox"/> Separated			
Financial Information							
Responsible Party (1) Total Number of Dependents _____				Responsible Party (2) Total Number of Dependents _____			
Gross Household MONTHLY Income	Amount	MONTHLY Expenses	Amount	Gross Household MONTHLY Income	Amount	MONTHLY Expenses	Amount
Self	\$	Rent/Mortgage	\$	Self	\$	Rent/Mortgage	\$
Spouse/Partner/Others	\$	Groceries	\$	Spouse/Partner/Others	\$	Groceries	\$
Retirement/Pension	\$	Utilities	\$	Retirement/Pension	\$	Utilities	\$
Alimony/Maintenance	\$	Transportation	\$	Alimony/Maintenance	\$	Transportation	\$
Trusts/Annuities	\$	Medical Related	\$	Trusts/Annuities	\$	Medical Related	\$
Gifts/Winnings	\$	Child Support	\$	Gifts/Winnings	\$	Child Support	\$
Other Income (Describe. Use Reverse side if nec.)	\$	Other Expenses (Describe. Use Reverse side if nec.)	\$	Other Income (Describe. Use Reverse side if nec.)	\$	Other Expenses (Describe. Use Reverse side if nec.)	\$
Total Income	\$	Total Expenses	\$	Total Income	\$	Total Expenses	\$
Liquid Assets, Savings, Checking (See definitions on page 2 for further information)			\$	Liquid Assets, Savings, Checking (See definitions on page 2 for further information)			\$
<p>I swear under penalty of perjury that to the best of my knowledge this information is true and complete. I understand that if the court grants this request, I may be ordered to reimburse the State of Colorado for attorney fees and other costs incurred in this matter.</p>							
Responsible Party (1) signature _____				Date: _____			
Responsible Party (2) signature _____				Date: _____			
Office Use ONLY:							
Signature of PD/Investigator/Clerk: _____				Date: _____			
Printed: _____				Title: _____			
<input type="checkbox"/> Automatically Eligible / In custody of DHS <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> No Financial Information Provided by Responsible Party							
For Judicial Officer ONLY:							
<input type="checkbox"/> Attorney Appointed/Juvenile in Custody of DHS/CSS <input type="checkbox"/> Attorney Appointed/Met Eligibility <input type="checkbox"/> Attorney Appointed/Best Interest <input type="checkbox"/> Attorney <u>Not</u> Appointed <input type="checkbox"/> Not-Indigent – PD or ADC Appointed due to Parent/Guardian/Lgl. Custodian Refusal to Obtain Counsel							
Signature of Judicial Officer: _____				Date: _____			

APPLICATION FOR PUBLIC DEFENDER

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 219.