

**DIVISION OF PUBLIC DEFENDER SERVICES  
STATE OF CONNECTICUT  
APPLICATION FOR APPOINTMENT OF COUNSEL**

PD100 rev. 01/2010

NOTICE: THE INFORMATION REPORTED ON THIS FORM IS SUBJECT TO VERIFICATION. IF THE PUBLIC DEFENDER DETERMINES THAT YOU ARE NOT ELIGIBLE FOR PUBLIC DEFENDER SERVICES, YOU MAY APPEAL THE DECISION TO THE COURT.

DATE: \_\_\_\_\_

**PERSONAL**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT OF GUARDIAN (IF MINOR): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STATUS: SINGLE:  MARRIED:  DIVORCED:  SEPARATED:  SOC. SEC.: \_\_\_\_\_

NUMBER OF CHILDREN YOU SUPPORT: \_\_\_\_\_ OTHERS \_\_\_\_\_ TOTAL DEPENDENTS: \_\_\_\_\_

OTHER ADULTS IN HOUSEHOLD: \_\_\_\_\_ RELATIONSHIP(S): \_\_\_\_\_

CHARGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME**

EMPLOYER: \_\_\_\_\_ NET WEEKLY WAGES: \$ \_\_\_\_\_

PUBLIC ASSISTANCE: STATE:  CITY:  AMOUNT (WK/MO): \$ \_\_\_\_\_

SOCIAL SECURITY:  NET AMOUNT: \$ \_\_\_\_\_

UNEMPLOYMENT COMP:  EXPIRATION DATE: \_\_\_\_\_ NET AMOUNT: \$ \_\_\_\_\_

WORKERS COMP:  EXPIRATION DATE: \_\_\_\_\_ NET AMOUNT: \$ \_\_\_\_\_

OTHER INCOME OR BENEFITS (TYPE \_\_\_\_\_) NET WEEKLY AMT: \$ \_\_\_\_\_

SPOUSE OR HOUSEHOLD MEMBER EMPLOYED OR RECEIVING INCOME

(EMPLOYER: \_\_\_\_\_ ) NET WEEKLY AMT: \$ \_\_\_\_\_

**TOTAL WEEKLY INCOME: \$ \_\_\_\_\_**

**ASSETS**

CASH ON HAND IN BANKS (SELF OR SPOUSE): \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

VALUE OF HOME IF OWNED: \_\_\_\_\_ MORTGAGE: \_\_\_\_\_ EQUITY: \$ \_\_\_\_\_

VEHICLES OWNED OR LEASED (YEAR & MAKE \_\_\_\_\_) VALUE: \$ \_\_\_\_\_

OTHER ASSETS OR PROPERTY (TYPE \_\_\_\_\_) VALUE: \$ \_\_\_\_\_

CASH BAIL POSTED: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**TOTAL ASSETS: \$ \_\_\_\_\_**

**EXPENSES**

ALIMONY, SUPPORT OR JUDICIALLY ORDERED PAYMENTS: \_\_\_\_\_ WEEKLY AMOUNT: \$ \_\_\_\_\_

DAY CARE EXPENSES: \_\_\_\_\_ WEEKLY AMOUNT: \$ \_\_\_\_\_

MEDICAL EXPENSES: \_\_\_\_\_ WEEKLY AMOUNT: \$ \_\_\_\_\_

OTHER EXTRAORDINARY EXPENSES (TYPE \_\_\_\_\_ ) WEEKLY AMOUNT: \$ \_\_\_\_\_

**OTHER**

PENDING LAWSUITS SEEKING MONEY DAMAGES? YES  NO  ATTORNEY: \_\_\_\_\_

OTHER CRIMINAL CASES PENDING? YES  NO  ATTORNEY: \_\_\_\_\_

CREDIT AVAILABLE TO RETAIN COUNSEL - CREDIT CARD? \_\_\_\_\_ ABILITY TO SECURE LOAN? \_\_\_\_\_

**TOTAL NET WEEKLY INCOME:** \$ \_\_\_\_\_

I, the undersigned, hereby swear under oath that the information on this application is true and accurate. I understand that a false statement on this application is punishable by a fine up to \$1,000 and/or imprisonment up to one (1) year under the laws of the State of Connecticut.

Yo, el suscrito, declaro bajo juramento que información en esta aplicación es verdadera y exacta. Yo entiendo que cualquier declaración falsa en esta aplicación es castigada con una multa que puede llegar hasta \$1,000, y/o encarcelamiento hasta un (1) año bajo las leyes del Estado de Connecticut.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature, § 1-24(15), C.G.S.

INTERPRETER: \_\_\_\_\_

RECOMMENDATION:

ELIGIBLE: \_\_\_\_\_ INELIGIBLE: \_\_\_\_\_

NAME: \_\_\_\_\_