

MAINE JUDICIAL BRANCH

STATE OF MAINE/ _____

V.

"X" the court for filing:

Superior Court District Court

Unified Criminal Docket

County: _____

Location (Town): _____

Docket No.: _____

Defendant/Juvenile

MOTION AND AFFIDAVIT FOR ASSIGNMENT OF COUNSEL

I am requesting the Court to assign an attorney at public expense, based on the following accurate information.

Name of person whose financial information appears on this affidavit: _____

Single Married Divorced Widowed

Mailing address (if PO Box, also list physical address): _____

Date of Birth: _____ Telephone number (working with voicemail): _____

Message number: _____ Alternate phone number: _____

Email: _____

I live Alone. I live with Spouse/Significant Other Parents Friends other _____

I have: _____ children Age(s): _____ who live me for whom I pay child

support of \$ _____ per _____. I am current on my child support: Yes No

INCOME: Salary/Gross Income: \$ _____ per Year Month Week or hourly

wage \$ _____ and number of hours _____

I receive: Social Security \$ _____ Unemployment \$ _____ TANF \$ _____

Alimony/ Child Support \$ _____ Food Stamps \$ _____

Maine Care/Housing/WIC \$ _____

Employer: _____ how long have you worked here? _____

If unemployed, last date employed: _____ Place of employment: _____

Taxes: Last filed: _____ Refund paid to me: \$ _____

Refund taken by State of Maine: \$ _____

ASSETS: Cash bail posted (1st party) in this case or any other case: \$ _____

Cash on hand or at home: \$ _____ Cash in the bank: \$ _____ Money owed to you: \$ _____

Name of bank/FCU: _____

Stocks/Bonds/401K/403B/Pensions: _____

Property worth more than \$250 (include property owned alone or with other people):

Home and land: \$ _____ Amount owed on property: \$ _____

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

Vehicle(s) YR/Make Model: _____ Amount Financed: \$ _____

Recreational Vehicle(s)/ATV/boat/snowmobile (YR/make/model): _____

Other (personal-TV/computer/electronics, etc.): _____

EXPENSES: (Monthly)

Mortgage/Rent: \$ _____ Cable/Internet: \$ _____ Loan (student): \$ _____ Atty. Fees: \$ _____

Food: \$ _____ Heat: \$ _____ Loan (personal): \$ _____ RX: \$ _____

Cell Phone: \$ _____ Car Insurance: \$ _____ Prop. Taxes: \$ _____ Other: \$ _____

Utilities: \$ _____ Credit Card: \$ _____ Court fees/Fines: \$ _____ Other: \$ _____

Renter/home Owners insurance: \$ _____ Total Expenses: \$ _____

I acknowledge that disclosure of my Social Security account number is mandatory under 36 M.R.S. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney assigned to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

SS Number Disclosure Required on separate form

The undersigned furnishes the above information to support the request for assignment of counsel. **I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution.** I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances. I also understand that further investigation may be conducted to verify the information I have provided, and I agree, as a condition of my continued eligibility to be represented by assigned counsel, to cooperate with any such investigation, including providing documents or authorizations to release information requested by the court or by the Maine Commission on Indigent Legal Services.

Date (mm/dd/yyyy): _____



Signature of Applicant

Subscribed and sworn to before me,



 Notary Clerk Attorney Judge/Justice

Financial Screener's Recommendation:

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MAINE COMMISSION ON INDIGENT LEGAL SERVICES
154 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-3257

GENERAL RELEASE AUTHORIZATION

To whom it may concern,

I have applied to have counsel appointed to me at state expense. You are hereby authorized to release any information requested by a representative of the Maine Commission on Indigent Legal Services for use in completing an investigation of my financial background.

Necessary information may include, but is not limited to: savings accounts, checking accounts, mortgage payment records, stocks, bonds, certificates of deposit, trusts, IRA, present and/or past employment history and wages, other income from sources such as unemployment, social security, TANF payments, alimony/child support, veteran's benefits, worker's compensation, pensions/retirement, insurance policies, any state or federal income tax records, phone numbers, addresses, etc.

I further authorize the inspection of any safety deposit boxes or other similar holdings in order to determine identification and appraised value. This release will be in full effect for a period of ten years from date of signature, in order to collect outstanding counsel fees.

An attested copy of this authorization may be deemed to be the equivalent to the original and may be used as a duplicate original.

Your prompt reply will help expedite my request in this matter.

Signed: _____ Print name: _____

Date of Birth: ____/____/____ Social Security Number ____ - ____ - ____

Date: _____

In accordance with the above authorization, please forward information
to:

Financial Screener
Maine Commission on Indigent Legal Services
154 State House Station
Augusta, ME 04333

Thank you for your assistance in this matter.