

<b>STATE OF MICHIGAN</b>  DISTRICT COURT      6 <sup>TH</sup> CIRCUIT COURT	<b>REQUEST FOR APPOINTMENT OF ATTORNEY AND ORDER</b>	<b>CASE NUMBER:</b> <b>PO NUMBER:</b> <b>JUDGE:</b>
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THE PEOPLE OF THE STATE OF MICHIGAN C/V/T OF:	VS.	DEFENDANT'S NAME:
CHARGE(S)/PACC CODES:	Next Hearing Type:	Bail Amount:
	Date and Time:	
	Hearing is Zoom/Virtual:	Bond is posted:

**THE DEFENDANT REQUESTS THE APPOINTMENT OF AN ATTORNEY TO REPRESENT HIM/HER IN THIS MATTER AND SUBMITS THE FOLLOWING INFORMATION:**

LIST YOUR <b>CONTACT INFORMATION</b> (This information is <b>absolutely CRITICAL</b> so that your appointed attorney can contact you):				
Address:		Email address:		
Phone number:		Alternate number to reach you:		
CHECK ALL THAT APPLY:				
I am under the age of 18.		I receive public assistance.		I am currently serving a <b>sentence</b> in jail/prison.
I am receiving <b>residential</b> treatment in a mental health or substance abuse facility.				
MY RESIDENCE STATUS:	Owner	Renter	Live with Relative(s)	Homeless
MY MARITAL STATUS AND DEPENDENTS:	Married	Divorced	Single	# of Children:
MY EMPLOYMENT STATUS:	I am employed		I am unemployed	
Employer name and city:		How long with employer:		
Take-home pay ( <b>after taxes</b> ) is:		every:	week	2 weeks      month
I have a seasonal job and my take-home pay is:		over the following length of time:		
LIST OTHER SOURCES OF INCOME AND <u>AMOUNTS</u> (MDHHS, VA, rent collection, pension, spouse, unemployment, etc.):				
LIST ASSETS THAT YOU OWN AND <u>AMOUNTS</u> (value of home, car, bank accounts, inmate accounts, bonds, stocks, etc.):				
LIST YOUR MONETARY OBLIGATIONS AND <u>AMOUNTS</u> (monthly rent, mortgage, installment payments, child support, etc.):				
SIGNATURE/ATTORNEY COSTS	Sign Your Name Here:			Date:
My signature on this form indicates that I have read it, understood it, and that all of the information is true and accurate. I assert that I am indigent and cannot afford to hire and pay for an attorney in this matter. I understand that if an attorney is appointed for me, I may be required to contribute to the cost of the attorney. I understand that if a court orders me to contribute to the cost of an attorney and attempts to collect on that order, I may be able to object based on my ability to pay at that time.				

**The Court having reviewed the request submitted by the Defendant in this matter hereby ORDERS:**

Defendant is indigent and referred to the applicable appointing authority for appointment of an attorney.

Defendant's request is denied because:      Incomplete Information      Defendant is not indigent  
 Other:

\_\_\_\_\_  
 Judge/Magistrate Signature

\_\_\_\_\_  
 Date

[For IDSO Use Only] Name and P-Number of Appointed Attorney, and Circuit Judge if Felony: