



DISTRICT COURT COMMISSIONER APPLICATION FOR REPRESENTATION BY THE PUBLIC DEFENDER

Privileged and Confidential

Judiciary Use Only: Date/Time of Filing: _____ Comm ID: _____ Initials: _____

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 *E-mail Address: _____
 Contact Telephone Number: _____ DOB: _____ SSN: _____

Have you ever served in the armed forces of the United States? Yes No (Veteran status does not affect eligibility)
 Do you need an Interpreter? Yes No Interpreter Language: _____

CASE NUMBER(s): _____
If this is a Violation of Probation (VOP), Child Support, Child in Need of Assistance (CINA), Juvenile case, you must apply for representation directly with the Public Defender's Office.

HOUSEHOLD SIZE: # _____
"Household" is the number of persons, including yourself, who maintain a legal residence in your home and/or are financially dependent on you for their basic needs and care.

INCOME - MONTHLY *List income from all sources, including employment, social security benefits, veteran's benefits, public assistance (Temporary Cash Assistance, Food Stamps, etc.), professional fees, rents, alimony, interests, dividends, retirement, child support, etc.*

Source		Net Monthly Amount ("Take Home")
Current Employment	Employer Name: _____	\$ _____
Secondary Employment	Employer Name: _____	\$ _____
Unemployment	Type: _____	\$ _____
Public Assistance	Type: _____	\$ _____
Other (specify)	Other: _____	\$ _____
Other (specify)	Other: _____	\$ _____
MONTHLY TOTAL: \$ _____		X = ANNUAL TOTAL: \$ _____

LIQUID ASSETS – Balance *List all cash and cash equivalent that could be readily made available.*

Description	\$ Value	Description	\$ Value
Cash/Savings	\$ _____	Other (specify)	\$ _____
Credit Available	\$ _____	Other (specify)	\$ _____
Total: \$ _____			

BILLS - Monthly *List all payments for credit cards, mortgages, loans, medical expenses, and other obligations and expenses on a monthly basis. Do not include any expense(s) already deducted from your paycheck.*

Paid to:	\$ Per Month	Paid to:	\$ Per Month
Rent/Mortgage	\$ _____	Transportation (car note, insurance, bus, gas)	\$ _____
Utilities (gas, water, electric, etc.)	\$ _____	Medical Bills/Insurance	\$ _____
Cell Phone	\$ _____	Credit Card Bills, Loans, Back Taxes, Liens	\$ _____
Child Day Care	\$ _____	Child Support	\$ _____
Food/Hygiene (necessities)	\$ _____	Other (specify)	\$ _____
MONTHLY TOTAL: \$ _____		X = ANNUAL TOTAL: \$ _____	

Applicant: _____

Case #(s): _____

Source	Annual Total	Federal Poverty Guidelines	
Income	\$	Household Size	
Assets	\$	FPG	
Expenses	\$	Cost to Hire	\$
Net Income	\$		

AFFIDAVIT OF INDIGENCY

I solemnly affirm under the penalty of perjury that all of the information presented above and any supporting documentation, to the best of my knowledge and belief, is true and accurate in support of my inability to hire a private attorney. By signing below, I acknowledge that I have applied for eligibility for representation by the Office of the Public Defender and I agree to pay any applicable fees under Maryland State Regulations by the Office of the Public Defender or otherwise required by State Law.

AUTHORIZATION FOR RELEASE OF INFORMATION

As permitted by MD Code, Criminal Procedure Article 16-210(e)(3)(i), I hereby consent and authorize the Comptroller of Maryland to provide to the Office of the Director of Commissioners of the District Court ("the Office") or its designee income information from my Maryland income tax return filed for the tax year immediately preceding the year in which this authorization is executed. I further consent and authorize the Office or its designee to use such income information for the sole purpose of determining whether I qualify for the services of the Office of the Public Defender to assist me in a legal matter.

Signature of Applicant

Date

INFORMED CONSENT RELEASE

- As permitted by § 8-625(d)(1) of the Labor and Employment Article, Annotated Code of Maryland and by federal regulations under 20 C.F.R. part 603, this signed form releases certain confidentiality rights of the undersigned.
- This consent form will remain in effect until the District Court Commissioner's obligation to maintain these records for its files has terminated, revocation by the undersigned, or five (5) years.
- Please include all other names you have used for the period of time the records are requested:

- Please provide the undersigned individual's **SOCIAL SECURITY NUMBER:** _____
- The undersigned acknowledges that this signed form permits access to confidential information maintained by the Maryland Department of Labor, Division of Unemployment Insurance. This information includes wage history, employment history, and the number and amount of Unemployment Insurance benefits received by the undersigned.
- The undersigned individual consents to the Office of the District Court Commissioner or its designee to review confidential information, including benefits information and wages earned by the individual and reported by their employer for purposes of evaluating the individual's qualification for a Court-appointed attorney. The determining of whether the undersigned qualifies for a Court-appointed attorney may assist the undersigned in a legal matter.
- The confidential information will be disclosed only to the Office of the District Court Commissioner or its designee. The information disclosed pursuant to this release will be used only for the purposes stated in this release, which is to determine whether the undersigned qualifies for representation by the Office of the Public Defender to assist the undersigned in a legal matter.

Signature of Consenting Individual (Applicant)

Date