



DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND vs. _____ Defendant

**PETITION FOR DETERMINATION OF ELIGIBILITY FOR COUNSEL
(Md. Rule 4-202 and Criminal Procedure § 16-210)**

I am a Defendant in the above captioned criminal case:

On _____, _____ Year, I reported to the office of the Public Defender at _____

and requested the appointment of counsel, which request was denied for the following reasons: _____

My scheduled trial date on the charge(s) of: _____

is _____ Date

I do not agree with the initial determination of the Public Defender for the following reasons: _____

I am enclosing a fully completed copy of petition for waiver of costs setting forth my assets and liabilities.

_____ Date

_____ Signature

_____ Printed Name

_____ Address

_____ City, State, Zip

_____ Telephone Fax

_____ E-mail