## IN THE MUNICIPAL COURT OF THE CITY OF MCMINNVILLE IN THE COUNTY OF YAMHILL, STATE OF OREGON

CITY OF MCMINNVILLE	) APPLIC	CATION FOR APPOINTMENT OF COUNSEL
VS.	) & DE	ECLARATION IN SUPPORT
	) Case N	lo
Defendant	) Offens	e:
Applicant's <b>FULL TRUE</b> nar	me:	
First Mi	iddle	Last
	or appointment of counse tantial financial hardship.	el in this case because I cannot pay for a
	nat payment is a debt to t dministrative and collecti	the City of McMinnville. Additional fees on costs.
<b>3.</b> I understand the cost based on m	• •	nsel, I may be ordered to pay a portion of
	he full cost of my represe	vided on this application is not true, I may entation. I understand I may be charged
	<u>Declaration</u>	<u>on</u>
1. PERSONAL		
Date of birth (month/	day/year)	
SSN:	.D:	
<ul><li>Marital status:</li><li>Number of legal dene</li></ul>	endents in your household	d·
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Complete the rest of the form with amounts for yourself and your spouse/registered domestic partner combined.

## 2. INCOME AND EMPLOYMENT

Monthly income:\_\_\_\_

Amount received per month (after taxes are taken out) Wages, salary, other work income: Spousal/Partner support: Child support: Unemployment payments: Retirement (pension, 401K, IRA): > SSI: Tribal benefits: Income from other sources: (Including amenities, settlement income, and any other source of funds or support) TOTAL INCOME FROM ALL SOURCES:\_\_\_\_\_ 3. EMPLOYMENT INFORMATION (The court may contact your employer to verify information) List all current employers and sources of income for Yourself. Unemployed: \_\_\_\_ Last time worked: \_\_\_\_\_ Address or location: Occupation:\_\_\_\_ Monthly income: Name: \_\_\_\_\_ Address or location:\_\_\_\_\_ Occupation:

List all current en <b>Partner.</b>	nployers and sources of income for your <b>Spouse/Registered Domestic</b>
Unemployed:	Last time worked:
Name:	
Address or locati	on:
Occupation:	
Monthly income:	
Name:	
Address or locati	on:
Occupation:	
Monthly income:	
4. ASSETS	
Total cash availa	ble from all accounts:(cash, checking accounts, savings, etc.)
-Bank Accounts	in your name or your spouse's/Registered Domestic Partner's name)
Name of Bank:	
Account number:	
Current balance:	
- <u>Real Property</u> (ir	your name or your spouse's/Registered Domestic Partner's name)
Address:	
- <u>Vehicle/s</u> (regula	arly used car, truck, motorcycle, scooter, etc.)
Year, Make, Mod	el:
Value:	
Fauity:	

Year, Make, Mode	l:
Value:	
Equity:	
- <u>Personal Property</u> livestock, business	γ (including additional vehicles, boats, recreational vehicles, guns, jewelry, s interests, etc.)
Description:	
Value:	
Description:	
Value:	
Description:	
Value:	
- <u>Any other assets</u>	(tax refund, trust, settlement, Judgment, etc.)
Description:	
Value:	
Description:	
Value:	
	ALL ASSETS AND CASH:
Car paymen	t & insurance:
Childcare:	
Court fines	or Judgments:
Credit cards	s:
Utilities:	

Medical expenses and health insurance costs:	
Mortgage/Rent:	
> Student loans and education expenses:	
> Other:	
6. DEBTS (In your name or your spouse's/Registered Domestic Partner's name)	
Description:	
Value:	
Description:	
Value:	
Description:	
Value:	
Description:	
Value:	
Description:	
Value:	
7. OTHER INFORMATION YOU WOULD LIKE THE COURT TO C	

Date		Signature
		Name (Printed)
Contact address	City, State, Zip	Contact Phone
·	for a Court-appointed a	ttorney is hereby:
DENIED  Reason:RequireApplicNot le	ed documents not filed. ation/forms incomplete gible.	
DENIED Reason:RequireApplicNot leeeIncomeLate f	ed documents not filed. ation/forms incomplete gible. e/Assets.	from trial or hearing.

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury. I

agree that if I receive the services of a Court appointed attorney, I may be required to

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CITY OF MCMINN	NVILLE )	RELEASE OF INFORMATION
vs. Defendant		Case No
Derendant	,	orrense.
Applicant's <b>FULL T</b>	RUE name:	
First	Middle	Last
Whether the information of the consent to release the consent to rel	ation is protected by information and reference for <b>6 months</b> from r.  (month/day/year)e/State I.D:	ion requested by the court in this case, regardless of rederal or state law.  cords to the Court's designee.  the date signed or until the conclusion of my case,
> SSN:		Signature
		Name (Printed)
Contact address	City, St	ate, Zip Contact Phone

Application Due <u>.</u>
Incomplete applications will **NOT** be accepted.
Read application carefully, complete every section and provide the Court with the <u>following</u>:

- ✓ Proof of mailing address
- ✓ Proof of government assistance
- ✓ Proof of debts/expenses
- √ Copies of income/earnings
- ✓ Copies of spouse/partner/dependent/household member income/earning information
- √\$20.00 filing fee \*added at disposition\*

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