Approved, SCAO

Original - Court
1st copy - Defendant
2nd copy - Appointed attorney

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	REQUEST FOR COURT-APPOINTED ATTORNEY AND ORDER	CASE NO.

ORI
MI-

Court address

Court telephone no.

THE PEOPLE OF
☐ The State of Michigan
☐ _____

v

Defendant's name, address, and telephone no.

CTN	SID	DOB

REQUEST

The defendant requests a court-appointed attorney and submits the following information.

1. **CHARGE** ☐ Misdemeanor ☐ Felony ☐ Paternity

Next hearing: _____ Date

Bail amount: $ _____ ☐ Bond posted

2. **RESIDENCE** ☐ Rent ☐ Own ☐ Live with parents ☐ Room/Board

3. **MARITAL STATUS** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Dependents: _____ Number

4. **INCOME** Employer name and address

Length of employment

Average take-home pay $ _____
☐ weekly ☐ monthly ☐ every two weeks

Other Income State monthly amount and source (DHHS, VA, rent, pensions, spouse, unemployment, etc.).

5. **ASSETS*** State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.

6. **OBLIGATIONS*** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

7. **CONTRIBUTION TOWARD ATTORNEY COSTS**

I understand that I may be required to contribute to the cost of an attorney.

Date: _____ Signature: _____

*Use other side for additional information/comments.

ORDER

☐ 8. _____ is appointed to represent the defendant.
Name Bar no.

☐ 9. The petition is denied because:

_____ Date

_____ Judge

Bar no.