

### APPLICATION AND MOTION FOR INDIGENCY IN COURT PROCEEDINGS

Englewood Municipal Court, City of Englewood, County of Arapahoe, State of Colorado

Defendant: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Charges: \_\_\_\_\_ Requested Amount to Waive or Stay (if applicable) \$ \_\_\_\_\_

**REQUEST FOR:**

- Court Appointed Counsel     Waiver of Jury Deposit     Stay of Execution     Court Costs/Classes
- Other (Please Specify): \_\_\_\_\_

#### APPLICATION AFFIDAVIT

Under penalty of perjury, I swear that the following information is true and correct. I also understand that if the Court grants this request, I may be ordered at a later date to reimburse the City of Englewood for any attorney fees or other court costs paid on my behalf. If the Court grants this request, I understand that I am required to inform the court of any changes in my financial status.

Defendant's Signature \_\_\_\_\_ Date \_\_\_\_\_

ALL SECTIONS MUST BE COMPLETED - SECTIONS NOT APPLICABLE SHOULD BE MARKED "N/A"

DEFENDANT	EMPLOYER/UNEMPLOYED
Address	Company
Phone	Address
Social Security #	Phone
Driver's License #	Supervisor's Name
Date of Birth	Position
	How Long _____ Hours Per Week _____
OTHER HOUSEHOLD FINANCIAL CONTRIBUTOR	THEIR EMPLOYMENT
Name	Company
Relationship to Defendant	Address
Address (if different than above)	Phone
Social Security #	Supervisor's Name
Driver's License #	Position
Date of Birth	How Long _____ Hours Per Week _____
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	# of legal Dependents, including yourself: _____

GROSS HOUSEHOLD INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Average paycheck before deductions. I am paid: _____ (weekly, every other week, twice per month, monthly)		Rent/Mortgage	
Other household contributors / frequency of pay: _____		Alimony/Child Support	
Unemployment		Loans (car, motorcycle, school, etc.)	
Social Security		Utilities	
Food Stamps		Credit Cards	
AFDC/Other Welfare		Medical Bills	
Other Income: Source: _____		Food/Clothing	
<b>TOTAL HOUSEHOLD INCOME</b>		<b>TOTAL MONTHLY EXPENSES</b>	
ASSETS	AMOUNT	DESCRIPTION	
Savings Account Balance		Bank Name _____ Account # _____	
Checking Account Balance		Bank Name _____ Account # _____	
Vehicle(s) Value		Vehicle(s) Year/model: _____	Amount Owed _____
House(s) Value	Amt. Owed	1. _____	\$ _____
Additional Assets (stocks, bonds, property, other investments)		2. _____	\$ _____
		3. _____	\$ _____
<b>TOTAL ASSETS</b>		<b>TOTAL OWED ON HOUSE &amp; VEHICLE</b>	

**DO NOT WRITE BELOW THIS LINE**

Defendant's Application and Motion for Indigency is: _____ Granted _____ Denied	
Reason Denied: _____ Defendant exceeds income guidelines _____ Jail sentence not considered _____ Other:	
Date _____	Municipal Judge _____