ADVICE OF RIGHTS CONCERNING COURT-APPOINTED COUNSEL

1. YOU HAVE A RIGHT TO HAVE AN ATTORNEY REPRESENT YOU ON THE CRIMINAL CHARGE(S) YOU ARE APPEARING IN COURT ON. IF HIRING AN ATTORNEY WOULD CREATE A SUBSTANTIAL HARDSHIP IN PROVIDING NECESSITIES FOR YOURSELF OR YOUR DEPENDANTS, THE COURT WILL APPOINT AN ATTORNEY TO REPRESENT YOU AT STATE EXPENSE. ORS 135.040-135-050.

2. IN ORDER FOR THE COURT TO DECIDE WHETHER YOU ARE ELIGIBLE FOR COURT-APPOINTED COUNSEL, YOU MUST SUBMIT A SWORN FINANCIAL STATEMENT WHICH LISTS INFORMATION ABOUT YOUR INCOME, EXPENSES, PROPERTY, AND DEPENDANTS FINANCIAL INFORMATION FOR YOUR SPOUSE, IF ANY MAY BE REQUIRED.

3. THE FINANCIAL INFORMATION PROVIDED TO THE COURT WILL BE VERIFIED. YOU AND YOUR SPOUSE MUST SIGN A RELEASE OF INFORMATION. THIS ALLOWS THE COURT TO OBTAIN INFORMATION FROM OTHERS TO CONFIRM YOUR FINANCIAL SITUATION. PLEASE BE SURE TO READ THE RELEASE CAREFULLY BEFORE YOU SIGN IT, YOU MAY ALSO BE ASKED TO PROVIDE DOCUMENTATION OF DEBTS, PROPERTY, AND INCOME, (SUCH AS RECENT WAGE STUBS).

4. THE FINANCIAL STATEMENT ASKS FOR YOUR SOCIAL SECURITY NUMBER. ALTHOUGH YOU DO NOT HAVE TO PROVIDE THIS NUMBER, IT WILL HELP THE COURT VERIFY YOUR REQUEST FOR COUNSEL MORE QUICKLY AND MAKE SURE YOUR RECORDS ARE RECEIVED CORRECTLY.

5. INFORMATION YOU PROVIDE ON THE FINANCIAL STATEMENT GENERALLY IS CONFIDENTIAL. YOUR ADDRESS MAY BE RELEASED TO OTHER COURT STAFF TO UPDATE COURT RECORDS OR BE RELEASED, IF NECESSARY, FOR VERIFYING FINANCIAL INFORMATION. HOWEVER, IF THE COURT HAS REASON TO BELIEVE YOU KNOWINGLY FALSIFIED THE INFORMATION, YOUR FINANCIAL STATEMENT MAY BE SENT TO THE DISTRICT ATTORNEY TO REVIEW FOR POSSIBLE FILING OF FALSE SWEARING CHARGES. ALSO, FINANCIAL INFORMATION PROVIDED IN THE AFFIDAVIT OF INDIGENCE MAY BE USED IN A HEARING TO DETERMINE WHETHER YOU ARE ELIGIBLE FOR COURT-APPOINTED COUNSEL AND FOR SENTENCING AND COLLECTION PURPOSES, IF NECESSARY. ORS 151.495

6. IF YOUR FINANCIAL SITUATION IMPROVES DURING YOUR CASE, YOU MUST TELL YOUR ATTORNEY OR THE COURT. THE COURT MAY EITHER END THE APPOINTMENT OF COUNSEL, OR ORDER YOU TO REPAY SOME OR ALL OF THE AMOUNT EXTENDED.

N THE JUSTICE COURT OF THE STATE OF OREGON
FOR THE COUNTY OF BAKER

AFFIDAVIT OF INDIGENCE AND REQUEST
FOR COURT-APPOINTED COUNSEL

CASE # D_____

CHARGE(S)_____

ALLEGED VICTIM(S)_____

Defendant ( ) is ( ) is not being held in the Baker County Jail

I, the undersigned, being duly sworn, say that I am the defendant in this case. I am asking for appointment of an attorney to represent me in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependant family. The following information is true, and I ask the court to use the information to decide whether I can have an appointed attorney and payment of other costs at public expense. I understand that I can be required to document or verify this information. I understand failure to do so could result in my request being denied or, if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth I can be charged with a crime, and if convicted, I can be incarcerated.

BE SURE TO READ THE "COURT-APPOINTED ATTORNEY ADVICE OF RIGHTS" FORM. PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU.

Writing N/A or leaving application blank will result in a delay processing your request.

FULL NAME:_____
FIRST MIDDLE LAST

ADDRESS:_____
STREET ADDRESS/PO BOX CITY STATE ZIP

DATE OF BIRTH_____TELEPHONE#_____

SEX:_____FEMALE _____MALE SSN:_____

_____MARRIED _____ SINGLE _____SEPARATED _____DIVORCED _____OTHER

LIST THE FOLLOWING INFORMATION FOR EVERYONE LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP	AGE	MONTHLY INCOME	DEPENDANT
_____	_____	_____	_____	_____YES _____NO
_____	_____	_____	_____	_____YES _____NO
_____	_____	_____	_____	_____YES _____NO
_____	_____	_____	_____	_____YES _____NO

YOU MUST PROVIDE PROOF OF INCOME OR AN ATTORNEY WILL NOT BE APPOINTED

EMPLOYER_____ OCCUPATION_____

ADDRESS _____TELEPHONE #_____

LENGTH OF EMPLOYMENT_____AFTER TAX INCOME_____

SPOUSE'S EMPLOYER_____OCCUPATION_____

ADDRESS_____TELEPHONE # _____

LENGTH OF EMPLOYMENT_____AFTER TAX INCOME_____

OTHER INCOME FOR YOU AND OR SPOUSE IE: SOCIAL SECURITY, UNEMPLOYMENT, RETIREMENT, PUBLIC ASSISTANCE, CHILD SUPPORT, ETC.:

DESCRIBE_____AMOUNT_____

DESCRIBE_____AMOUNT_____

PROPERTY AND ASSESTS YOU, SPOUSE AND DEPENDANTS

AVAILABLE CASH_____SECURITIES,STOCKS, ETC_____
SAVINGS ACCT #_____BALANCE0_____BANK/BRANCH_____

CHECKING ACCT#_____BALANCE_____BANK/BRANCH_____

REAL ESTATE: ADDRESS,CITY VALUE AMOUNT OWED MORTGAGE HOLDER

_____

CREDIT CARD: CARD NAME/BANK ACCOUNT # EXPIRATION DATE

_____

VEHICLE: MAKE/YEAR VALUE AMOUNT OWED LIEN HOLDER

_____

OTHER PROPERTY OR ASSETS: IE: FURNITURE, BOATS, GUNS, JEWELERY ETC.:

_____

_____

MONEY OWED TO YOU OR SPOUSE BY OTHERS (TAX REFUND, RENTERS REFUND ETC.)

NAME OF DEBTOR AMOUNT OWED DATE EXPECTED

_____

_____

LIST ALL EXPENSES THAT ARE PAID MONTHLY BY YOU INDIVIDUALLY OR JOINTLY:

RENT/MTG_____UTILITIES_____CREDIT CARD_____

CAR PAYMENT_____CHILD SUPPORT_____OTHER_____

If you have no income or income is less than expenses, please explain how these are paid, how you live ie: stay with relatives/friends, HUD housing, foods stamps, etc.

_____

_____

HAVE YOU EVER HAD COURT-APPOINTED COUNSEL _____ YES _____NO
IF YES, WHEN AND WHERE_____

CHARGE (S)_____

IF I RECEIVE THE SERVICES OF COURT APPOINTED ATTORNEY, I AGREE TO REINBURSE THE COURT FOR REASONABLE ATTORNEY FEES AND COSTS PAID IN MY DEFENSE AS ORDERED BY THE COURT. I UNDERSTAND THAT MY AGREEMENT TO REIMBURSE THE COURT FOR MY ATTORNEY'S FEES AND COSTS APPLIES ONLY IF I AM FOUND GUILTY.

I ACKNOWLEDGE RECEIPT OF THE COURT APPOINTED ATTORNEY ADVICE OF RIGHTS FORM BY INITIALING AS FOLLOWS: _____.

YOU MUST CONTACT THIS COURT AT 541-523-8213 FOR THE NAME AND TELEPHONE NUMBER OF YOUR APPOINTED ATTORNEY WITHIN 7 DAYS AFTER APPLYING.

*****A $100.00 DONATION WILL BE ASSESSED ON ALL COURT APPOINTED ATTORNEY CASES BY ORDER OF THE JUDGE*****

DATE_____ SIGNATURE_____

_____COURT APPROVES _____ COURT DENIES REQUEST FOR COURT APPOINTMENT

_____

TRIAL COURT CLERK

_____IS HEREBY APPOINTED BY THE COURT AS ATTORNEY OF RECORD FOR DEFENDANT, CONTINGENT UPON VERIFICATION.