STATE OF MAINE

SUPERIOR COURT
_____, ss
Docket No._____

DISTRICT COURT
Location _____
Docket No. _____

STATE OF MAINE /_____
vs
_____
Defendant/Juvenile

PRELIMINARY MOTION FOR ASSIGNMENT OF COUNSEL, AFFIDAVIT AND RELEASE

MOTION & AFFIDAVIT

The undersigned requests the Court to assign an attorney at public expense, based on the following accurate information.
Name of person whose financial information appears on this affidavit:_____.
Mailing Address _____.
Date of Birth _____ Home Phone _____ Cell Phone _____ Work Phone _____

Income:
Salary and wages (gross pay) $_____ **OR** hourly wage $_____
AND numbers of hours worked_____ per ☐ week ☐ biweekly ☐ month ☐ other _____
Source of income/employer is: ☐ Employer *(name & address)* _____ **OR**
☐ Unemployment ☐ Social Security ☐ TANF ☐ Alimony/child support ☐ Other _____
If unemployed, last date employed _____ and last place of employment _____

Assets:
☐ Cash bail I posted (1st party) in this or any other case $ _____
☐ Cash on hand $_____ ☐ Cash in the Bank $_____ ☐ Money owed to me $ _____
Property worth more than $250 *(include property owned alone or with any other person):* ☐ House $ _____ (amt. owed on house $_____)
☐ Vehicle $ _____ ☐ Stocks $ _____ ☐ Recreational Vehicles $_____ (boat, ATV, snowmobile, etc.)
☐ Other $_____

Expenses (Monthly)
☐ Mortgage $_____ ☐ Child Support $_____ ☐ Utilities $_____ ☐ Food$_____
☐ Cable $_____ ☐ Credit Card $_____ ☐ Loans $_____ ☐ Heat $_____
☐ Rent $_____ ☐ Cell Phone $_____ ☐ Other $_____ ☐ Other $_____

Check the following that apply
☐ I have _____(*number)* children who ☐ live with me ☐ for whom I pay support of $ _____per _____
I live ☐ alone ☐ with another who is my☐ spouse ☐ friend ☐ parent(s) ☐ other: _____
☐ That person shares my living expenses and contributes $ _____ per ☐ week ☐ bi-weekly ☐ month ☐ other

I acknowledge that disclosure of my Social Security account number is mandatory under 36 M.R.S. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney assigned to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

SS Number Disclosure Required on separate form

The undersigned furnishes the above information to support the request for assignment of counsel. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution. I understand and agree that further investigation may be conducted, if necessary, to verify the information I have provided. I also understand that I have a continuing obligation, personally and through counsel, to report to the court and/or to the Maine Commission on Indigent Legal Services any changes in my employment or other financial circumstances.

Date: _____ _____
Signature of Applicant
Subscribed and sworn to before me.
_____
Notary, Clerk, Attorney, Judge/Justice

ORDER

☐ Motion Denied ☐ Applicant is not indigent ☐ There is no risk of jail
☐ Motion Granted ☐ Attorney assigned to represent Defendant/Juvenile
☐ Motion Granted: Applicant is partially indigent; and Applicant shall pay toward attorney's fees as follows:
$ _____ per ☐ week ☐ month ☐ biweekly ☐ other: _____ up to a total of $ _____, starting _____. ☐ Maine Commission on Indigent Legal Services to determine rate of reimbursement.
ANY FIRST-PARTY BAIL MAY BE APPLIED TO OFFSET COUNSEL FEES AS SET OUT IN CR-006
Attorney _____is assigned to represent Defendant/Juvenile.
This ORDER may be reviewed and revised at any time based on new or different information.
REFER TO SCREENER: YES _____ NO _____

Date: _____ _____
Judge/Justice