□ Unified Criminal Docket	STATE OF MAINE	C	County:
□ Superior Court		L	location:
District Court			Docket No.:
STATE OF MAINE/			
VS.	—	MOTION AN	ID AFFIDAVIT FOR
vs.			NT OF COUNSEL
	—		
Defendant/Juvenile	is supersed based on the following on	ouroto information	
I am requesting the Court to assign an attorney at publ Name of person whose financial information appears			
Single Married Divorced	Widowed		
Mailing address (if PO Box, also list physical address)):		
Date of Birth: Telephone number	(working with voice mail)	Message nur	nber
I live Alone. I live with Spouse/Significant Other Parents Friends other			
I have: children Age(s):			
per I am current on my child support: Yes No			
INCOME: Salary / Gross Income: \$	per L Year L Month L Wee	ek or hourly wage \$	and number of hours
I receive:	Unemployment \$	TANF	\$
Alimony/ Child Support \$ Food Stamps \$ Maine Care/Housing/WIC			
Employer:			
If unemployed, last date employed: Place of employment:			
Taxes: Last filed: Refund paid to me Refund taken by State of Maine			
ASSETS: Cash bail posted $(1^{st} party)$ in this case or a			
	hand or at home \$ Cash in the bank \$ Money owed to you \$		
Name of bank/FCU : Stocks/Bonds/401K/403B/Pensions: Property worth more than \$250 (include property owned alone or with other people): Home and land \$			
Amount owed on property \$	ed alone or with other people): Hom	e and land \$	
	Amount Financed \$		
Recreational Vehicle(s)/ ATV/boat/snowmobile (YR/n	nake /model):		
Other (personal-TV/computer/electronics etc):			
EXPENSES: (Monthly)			
		Dan (student)	Atty. Fees
		oan (personal)	RX
Cell PhoneCar Insur	rance Pr	op. Taxes	Other
	ardCo	ourt fees/Fines	Other
Renter/home Owners insurance		Total Expenses: <u>\$</u>	

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 also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances. I also understand that further investigation may be conducted to verify the information I have provided, and I agree, as a condition of my continued eligibility to be represented by assigned counsel, to cooperate with any such investigation, including providing documents or authorizations to release information requested by the court or by the Maine Commission on Indigent Legal Services.

Signature of Applicant

Subscribed and sworn to before me,

Notary, Clerk, Attorney, Judge/Justice