

STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT	<b>NOTICE OF FELONY ARRAIGNMENT/ PETITION FOR APPOINTMENT OF COUNSEL (FELONY)</b>	Dist. Ct. No: Cir. Court No: Judicial Aide Acct:
PEOPLE OF THE STATE OF MICHIGAN	V	

- Defendant retained attorney, \_\_\_\_\_
- Attorney appointment requested.

**THIS SECTION TO BE COMPLETED BY COURT/JAIL PERSONNEL**

Alias(es) or AKA _____	Co-defendant(s) _____	
Driver's license/ID number _____	Social Security Number _____	Date of Birth _____
Charge(s) and statute number(s) _____		
Bond Information: _____		
Amount Set _____	Personal, cash, surety, 10% _____	Posted by _____
Judge _____	Court _____	
Probable Cause Conference: _____	at _____	_____
Date _____	Time _____	
Preliminary Examination: _____	at _____	_____
Date _____	Time _____	
<b>REQUEST FOR INTERPRETER</b>		
Type of Interpreter: <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Language – Language and Dialect		
Date and time of first appearance _____	Judge who will be conducting proceeding _____	Court _____

**THIS SECTION TO BE COMPLETED BY OR FOR DEFENDANT**

Address (Street) _____	City _____	State _____	Zip Code _____
Your phone number _____	Present employer _____	Employer's phone _____	
\$ _____	Your bank _____	\$ _____	
Weekly take-home pay _____		Other income _____	

I request the appointment of assigned counsel for the defense of my pending criminal matter. I am indigent and have no means with which to secure counsel myself. I authorize the courts and the Judicial Aide Department to verify this information and obtain any other information regarding my financial condition and employment they desire in their sole discretion. I give the Judicial Aide and its agents permission to contact any credit reporting agency and review any credit report from any credit reporting agency. **I agree to reimburse the County of Macomb all monies expended on my behalf for attorney and defense costs in this matter;** and, if I am unable to repay those attorney fees and defense costs in full, I will enter into a reimbursement payment plan at a rate in accordance with my ability to pay. I understand that any bond posted in my name may be applied to victim restitution, court costs, attorney fees and defense costs, before the balance, if any, is returned. I understand that MCL 600.4801 and MCL 600.4803 provide for imposition of a 20% late fee for any amounts due and owing if not paid within 56 days of the due date.

VERIFICATION UNDER MCR 2.114: I declare that I have read and understand all statements written above and that all information provided is true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature of defendant

\_\_\_\_\_  
Date