| STATE OF MICHIGAN<br>40TH JUDICIAL DISTRICT<br>JUDICIAL CIRCUIT | REQUEST FOR APPOINTMENT OF ATTORNEY AND ORDER | CASE NO. and JUDGE |
|---|---|---|

ORI MI- MI500075J

Court address: 27701 JEFFERSON AVE., ST. CLAIR SHORES, MI 48081

Court telephone no.: 586.445.5280

THE PEOPLE OF

☐ The State of Michigan

☐ _____

v

Defendant's name, address, and telephone no.

E-mail address

☐ The defendant requests a court-appointed attorney for purposes of Arraignment.

☐ The defendant requests a court-appointed attorney for proceedings following Arraignment.

**1. CHECK ALL THAT APPLY**

☐ I am under the age of 18.

☐ I am currently serving a sentence in jail or prison.

☐ I receive public assistance.

☐ I am receiving residential treatment in a mental health or substance abuse facility.

**2. CHARGE** _____

☐ Misdemeanor ☐ Felony ☐ Paternity

Next hearing: _____ Date

Bail amount: $ _____ ☐ Bond posted

**3. RESIDENCE**

☐ Live with relative(s) ☐ Rent ☐ Own ☐ Room/Board

**4. MARITAL STATUS**

☐ Single ☐ Divorced ☐ Dependents: _____ Number

☐ Married ☐ Separated

**5. INCOME** Employer name and address

Length of employment

Average take-home pay $ _____

☐ weekly ☐ monthly ☐ every two weeks

Other Income State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.).

**6. ASSETS*** State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.

**7. OBLIGATIONS*** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

**8. ATTORNEY COSTS**

I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.

Date: _____ Signature: _____

The defendant is referred to the local appointing authority for indigency screening and appointment of an attorney, if appropriate.

_____

Judge Signature and date