

BROOMFIELD MUNICIPAL COURT, STATE OF COLORADO
Address: 17 Descombes Drive, Broomfield, CO 80020
Phone: 720-887-2100 Website: www.broomfield.org/municourt

The City & County of Broomfield, Colorado, on behalf of the People of the State of Colorado

vs

Defendant: _____

CASE No. _____

APPLICATION FOR COURT APPOINTED ATTORNEY

I, _____, Defendant swear under penalty of perjury that the following information is true, complete and correct.

Complete all pages of this application; failure to do so may result in an immediate denial of your request. If under the age of 18, a parent or legal guardian must complete and sign. Leave no blanks; write N/A (no applicable) if the question does not apply to you.

1. DEFENDANT'S INFORMATION

Full Name: _____ Birthdate: _____

Current Mailing Address: _____

Street Address: (if different) _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

2. EMPLOYMENT INFORMATION

Defendant's Job Title _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Phone #: _____ Length of Employment: _____

Pay Date(s): _____ Hours Worked Per Week: _____ Pay Rate: \$ _____

Paid every: Week/Month/Other (circle one)

Average Gross Earnings per paycheck: _____

Average Net Earnings (after deductions) per paycheck: _____

If Defendant Unemployed, how long? _____ Unemployment Benefits: _____

Spouse's name: _____

Spouse's Job Title _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Phone #: _____ Length of Employment: _____

Pay Date(s): _____ Hours Worked Per Week: _____ Pay Rate: \$ _____

If Spouse Unemployed, how long? _____ Unemployment Benefits: _____

Name & Address of Individual Contributing to Your Support, if any (living with relatives/friends):

Relationship: _____ Explain: _____

If your income equals \$0.00, you must explain how you support yourself and/or who supports you.

3. HOUSEHOLD MEMBERS

MARITAL STATUS:

_____ Single _____ Married or Civil Union Partnered _____ Separated _____ Divorced

NUMBER OF DEPENDENTS: _____ Children _____ Spouse _____ Other

Ages of dependents: _____

Do the children live with you most/all of the time? _____

4. FINANCIAL INFORMATION

GROSS MONTHLY INCOME		MONTHLY EXPENSES		ASSETS (Including Spouse's)	
Defendant	\$	Housing	\$	Real Estate Value	\$
Spouse	\$	Utilities	\$	Vehicle(s) Value	\$
Child Support	\$	Food	\$	Other Assets	\$
Social Security	\$	Insurance	\$		\$
Worker's Compensation	\$	Medical/Dental	\$		\$
Unemployment Compensation	\$	Child Care	\$	Bank Account Balances	\$
TANF	\$	Transportation	\$	Savings	\$
Disability Compensation	\$	Child Support	\$	Checking	\$
Other	\$	Other Expenses	\$		\$
	\$		\$		\$
Total Income Per Month	\$	Total Expenses Per Month	\$	Total Assets	\$

BANK ACCOUNTS

Bank Telephone Number: _____

Checking at (name of bank): _____

Savings at (name of bank): _____

REAL ESTATE

Circle One: Rent or Own

If Renting, Current Monthly Rent Amount: _____

If Own:

First Mortgage Balance: _____ Monthly Payment: _____

Name of Mortgage Company: _____

Second Mortgage Balance: _____ Monthly Payment: _____

Name of Mortgage Company: _____

VEHICLES OWNED

Year/Make: _____ Value: _____ Monthly Payment: _____

Year/Make: _____ Value: _____ Monthly Payment: _____

5. CASE INFORMATION

Next hearing: (type and date) _____

Most serious charge: _____

PLACE YOUR INITIALS ON EACH OF THE FOLLOWING LINES:

_____ I Swear or Affirm, under Penalty of Perjury, that the above information is true and complete and authorize the Broomfield Municipal Court to verify any information I have written on this form, including, but not limited to, authorizing my employer, bank and other companies to release any confidential information necessary to accomplish the verification process.

_____ I understand that I may need to supply additional information, including but not limited to, paycheck stubs, any bills affecting my financial standing and child support information.

_____ I understand that I may be held in Contempt of Court for providing false and/or incomplete information on this application.

_____ I will notify the Court, through the Municipal Clerk's Office, of any improvement or change in my financial situation until the final disposition of my pending case. I understand this notification is a condition for a Court Appointed Attorney.

Signature of Defendant (Parent/Guardian, if under 18): _____

Date: _____
Subscribed and sworn to before me this _____ day of _____ 20 _____

Clerk: _____

CITY ATTORNEY'S POSITION REGARDING SENTENCE

The City Attorney (WILL WAIVE) (WILL NOT WAIVE) jail at the initial sentencing.

City Attorney

Date

ORDER

The Court (GRANTS) (DOES NOT GRANT) the Defendant's Motion for a Court Appointed Attorney.

BY THE COURT:

Municipal Judge

Date