

<input type="checkbox"/>	APPROVED BY: _____
<input type="checkbox"/>	DOES NOT QUALIFY BY: _____

COUNTY OF SANTA BARBARA
APPLICATION FOR APPOINTED COUNSEL

NEXT COURT DATE:	_____
MM/DD/YY	_____
Dept #	_____
Case #	_____

CONFIDENTIAL
FINANCIAL DECLARATION

Full name (please print): _____	Birth Date: _____	Charges: _____
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Address: _____

Marital Status: Single Married Separated Divorced Domestic Partner

Number of dependents: _____

Relationship and age(s): _____

E-mail address: _____

I WOULD LIKE TO BE CONTACTED BY EMAIL

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Social Security No.: _____

MONTHLY EXPENSES	Self	Spouse
Rent	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Vehicle	\$ _____	\$ _____
Other (explain)	\$ _____	\$ _____
	\$ _____	\$ _____

Your Employer: _____

Address: _____

Length of time at job: _____ Supervisor: _____

Take home pay \$ _____ per _____ Unemployment Benefits: Yes \$ _____ No _____

OTHER INCOME & ASSETS	Self	Spouse
Government Aid: (explain)	\$ _____	\$ _____
	\$ _____	\$ _____
Do you own Real Estate? Yes / No	\$ _____	\$ _____
WHAT IS THE VALUE: _____	\$ _____	\$ _____
Located at: _____	\$ _____	\$ _____

Spouse/Partner Employer: _____

Address: _____

Length of time at job: _____ Supervisor: _____

Take-home pay \$ _____ per _____ Unemployment Benefits: Yes \$ _____ No _____

Amount in Checking account:	\$ _____	\$ _____
Amount in Savings account:	\$ _____	\$ _____
Cash on hand:	\$ _____	\$ _____
Other income or assets valued at:	\$ _____	\$ _____
	\$ _____	\$ _____

I am submitting this form to apply for the services of appointed counsel. When this case ends, this information can also be used to decide, after a hearing, whether and how much I can be ordered to pay for the legal services provided. An order to pay for legal services can be enforced as a civil judgment against my property. (Penal Code §987.8)

If represented by the Public Defender, I can agree to pay a fixed amount for their services, or I can ask the judge to decide if and how much I should pay. If I ask a judge to decide if and how much I should pay for Public Defender services, I understand that the hourly rate set by the County is \$95 per hour worked on my case. If I give up the right to a hearing, I can agree to be charged \$125 for representation in most misdemeanor cases, and \$175 for representation in most felony cases.

PLEASE CHOSE AN OPTION AND INITIAL:

- I do not want a reimbursement hearing; I agree to pay \$125 if charged with a misdemeanor and \$175 if charged with a felony.
- I want a judge to decide if and how much I should pay for legal services. The Public Defender will not represent me at this hearing and their role will be to present the information necessary to make an order for reimbursement. The Court can order the reimbursement hearing when the case ends, and up to six months after the case ends. If I do not agree with the amount set by the court at this hearing, I must immediately let the court know I object to the fee amount and my reasons for disagreeing.

It will not violate your probation or any law if you fail to pay any ordered Public Defender fees. However, the order has the same effect as a judgment in a civil action. It can be enforced by the County against you and your property like any other money judgment.

I certify under penalty of perjury under the laws of the state of California that all of the above is true and correct and that I have read and understand all of the above.

Enclosed is an application for the Public Defender that you requested. This form is being sent as a convenience to you.

WE ARE NOT UNDERTAKING TO REPRESENT YOU BY SENDING THIS FORM, AND YOU ARE NOT TO ASSUME THAT WE WILL REPRESENT YOU WITHOUT FURTHER NOTICE.

In completing the form, it is important that you give us all the information requested. And it must be dated and signed.

Please write a paragraph explaining what it is you need help with and include it with your completed financial form.

After completing the form it must be returned to us at the following address:

Office of the Public Defender
1100 Anacapa Street
Santa Barbara, CA 93101

Or fax it to (805) 568-3536 *or 568-3564*

After returning the form, it is your responsibility to contact us at (805) 568-3470 to determine if we have received it and approved your representation.

Legal Office Assistant
Office of the Public Defender