

IN THE JUDICIAL COURT OF THE TOHONO O'ODHAM NATION CRIMINAL DIVISION

TOHONO O'ODHAM NATION, Plaintiff, V. _____, Defendant.))))))	Case No.: _____ FINANCIAL AFFIDAVIT AND REQUEST FOR COURT-APPOINTED ATTORNEY AND ORDER
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DEFENDANT, requests a court-appointed attorney and submits the following information.

1.	CONTACT INFORMATION: Defendant's Full Name: _____ Mailing Address: _____ <input type="checkbox"/> T.O. Corrections Telephone Number(s): _____
2.	RESIDENCE: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Room/Board
3.	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
4.	DEPENDENTS (number): _____
5.	CURRENT INCOME (employer name, city): _____ Average take-home pay: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
6.	OTHER INCOME: (State monthly amount and source, <i>i.e.</i> , DSS, VA, rent, pensions, spouse income, unemployment, etc.) \$ _____
7.	ASSETS: (State value of car, home, bank deposits, inmate accounts, bonds, stocks, livestock, etc.) \$ _____
8.	OBLIGATIONS: (Itemize monthly rent, installment payments, mortgage payments, child support, etc.) \$ _____
9.	PUBLIC ASSISTANCE: Please indicate which benefits you currently receive: <input type="checkbox"/> General assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Food stamp benefits transferred electronically <input type="checkbox"/> Poverty related veteran's benefits <input type="checkbox"/> Temporary assistance for needy families (TANF) <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental security income <input type="checkbox"/> Other (describe): _____
10.	AUTHORIZATION FOR RELEASE OF INFORMATION: I give permission for the Tohono O'odham Nation to contact anyone or any agency to verify the financial information I provide to the Court in support of my application. UNDER PENALTY OF PERJURY, I declare that I have examined the above statement made by me and to the best of knowledge, information, and belief swear that each and all are true and correct.

Print Name	Signature	Date
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ORDER

1. The Tohono O'odham Advocate Program / Attorney _____ is appointed to represent the defendant.
2. The Request is denied because: _____

Date: _____ Judge: _____

Defendant In-Custody Next Court Date/Time: _____

Copy of the foregoing mailed hand delivered this _____ day of _____
 20_____, To: Prosecution Defendant Other _____