



**DISTRICT COURT COMMISSIONER**  
**APPLICATION FOR REPRESENTATION BY OFFICE OF PUBLIC DEFENDER**  
*Privileged and Confidential*

**Judiciary Use Only:** Date and Time of Filing \_\_\_\_\_ CommId: \_\_\_\_\_ Initials: \_\_\_\_\_

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Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*Email Address: \_\_\_\_\_  
 Contact Telephone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Do you need an Interpreter?:  Yes  No Interpreter Language: \_\_\_\_\_  
 Race:  African-American  Asian  Hispanic  
 Native American  Pacific Islander  White  
 Sex:  Male  Female  
 Area of Law:  Circuit  District  Juvenile  Child in Need of Assistance (CINA)  
 Incarcerable Offense:  Yes  No  
 Most Serious Charge: \_\_\_\_\_  
 Case Number: \_\_\_\_\_ Court Date (if set): \_\_\_\_\_

**Complete all information below regarding ability to hire a private attorney**  
**Use additional sheets as necessary. Attach proof documents, if available.**

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Are you currently employed:  Yes  No  Self employed  Business Owner

Employer #1  
 Length of Employment: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name and Number: \_\_\_\_\_ Net Monthly Earnings \$ \_\_\_\_\_

Employer #2  
 Length of Employment: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name and Number: \_\_\_\_\_ Net Monthly Earnings \$ \_\_\_\_\_

**Total Net Monthly Earnings \$ \_\_\_\_\_**

**OTHER INCOME - Monthly** *List other income from all sources, including: social security and veterans' benefits, public assistance, professional fees, rents, alimony, interest, dividends, retirement and other.*

Source:	\$ Per Month
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

**Total Other Income \$ \_\_\_\_\_**

**Total Net Monthly Income (A) \$ \_\_\_\_\_**

Family Size - total number, including self \_\_\_\_\_

**Complete all information below regarding ability to hire a private attorney**  
**Use additional sheets as necessary. Attach proof documents, if available.**

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**OBLIGATIONS/EXPENSES - Monthly**

*List all payments for credit cards, mortgages, loans, medical expenses and other obligations and expenses on a monthly basis.*

<b>Paid To:</b>	<b>\$ Per Month</b>	<b>Child Support:</b> <small>List all children that you support and \$ support provided monthly.</small>	<b>\$ Per Month</b>
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Total Obligations/Expenses (B) \$** \_\_\_\_\_

**Monthly Disposable Income (A - B) \$** \_\_\_\_\_

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**LIQUID ASSETS - Balance**

*List all cash, savings, stocks, bonds, available credit and other valuable property that is readily liquidated, including balances held in retirement accounts.*

<b>Description:</b>	<b>\$ Value</b>	<b>Description:</b>	<b>\$ Value</b>
Cash/Savings (net of bail)	\$	Other -	\$
Credit Available - Card(s)	\$	Other -	\$
Line of Credit - Bank	\$	Other -	\$
Stock(s) and Bond(s)	\$	Other -	\$

**Total Liquid Assets \$** \_\_\_\_\_

**Monthly Disposable Income (A - B) PLUS Liquid Assets \$** \_\_\_\_\_

Are Total Disposable Income PLUS Liquid Assets less than or equal to cost for private counsel in this matter?  **No; STOP Client is not qualified**  **Yes**

**AFFIDAVIT OF INDIGENCY**

**I solemnly affirm under the penalty of perjury that all of the information presented above and any supporting documentation, to the best of my knowledge and belief, is true and accurate in support of my inability to hire a private attorney.** By signing below, I acknowledge that I have applied for representation by the Office of the Public Defender and I agree to pay any applicable fees under Maryland State Regulations by the Office of the Public Defender.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

As permitted by MD Code, Criminal Procedure Article 16-210(e)(3)(i), I hereby consent and authorize the Comptroller of Maryland to provide to the Office of the Executive Director of Commissioners of the District Court ("the Office") or its designee income information from my Maryland income tax return filed for the tax year immediately preceding the year in which this authorization is executed. I further consent and authorize the Office or its designee to use such income information for the sole purpose of determining whether I qualify for the services of the Office of the Public Defender to assist me in a legal matter. \*By providing your email address you agree to allow the Maryland Judiciary to contact you by email in regards to your application and qualification decision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Qualification Decision:**  Provisional  Eligible (FPG)  Eligible (OTH)  Ineligible

\_\_\_\_\_  
District Court Commissioner/Judicial Officer

\_\_\_\_\_  
ID No.

\_\_\_\_\_  
Date