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

**C L I E N T I N F O**

*Privileged and Confidential*

Name:«Name»

Full Address :«address»

\*Email Address:«email»

Is this a civil or criminal suit?

«Case»

Have you already applied for appointed legal counsel?

«appointment»

Why are you re-applying?

«description»

Have you already waived your right to legal counsel?

«waived»

Are you able to afford private counsel and associated costs?

«indigency»

Are you a juvenile (under 18)?:«juvenile»

Is your guardian able to pay for the costs to continue this action?

«guardian»

What is the name of the facility in which you are currently confined?

«Criminal»

What is the address of that facility?

«facility»

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

***Total Annual Income****:* ***$«income»***

*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.*

**Total Other Income: $«Public»**

**Source of this income:«Source»**

**Family Size:«Family»**

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

***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.*

*Do you own liquid assets?:«assets»*

**Total Liquid Assets**

$ «value»

**What type of asset is this?:«type»**

RELEASE OF INFORMATION I hereby grant the District Court of Maryland permission to contact the sources necessary in order to verify my eligibility as to whether I qualify for services by the Office of the Public Defender. I understand that any misrepresentation or falsification on this Application may make me ineligible for services. I am also aware that a false statement may be punishable under law by fine or imprisonment or both. \*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.

**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.**

Signature of Applicant:

Date: