Case No. _____

APPLICATION AND ORDER FOR COURT APPOINTED ATTORNEY

FULL NAME (FIRST, MIDDLE, LAST):_____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (_____) _____-_____   TYPE: ☐ HOME ☐ CELL ☐ WORK

ARE YOU MARRIED? ☐YES ☐NO – NUMBER OF MINOR CHILDREN UNDER 18: _____

ARE YOU PRESENTLY EMPLOYED? ☐ YES ☐ NO – NAME OF EMPLOYER: _____

HOURLY RATE/MONTHLY INCOME: $_____ AVERAGE MONTHLY BILLS $_____

OR **DO YOU RECEIVE ANY OF THE FOLLOWING:**

☐DISABILITY   ☐SSI   ☐UNEMPLOYMENT   ☐OTHER _____

DO YOU RECEIVE ANY OF THE FOLLOWING PUBLIC ASSISTANCE?

☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

☐ SUPPLEMENTAL NUTRITION ASSISTANCE

☐ ASSISTANCE FROM THE PROGRAM FOR CHILD CARE AND DEVELOPMENT

☐ LOW-INCOME HOME ENERGY ASSISTANCE

☐ MEDICAID

In accordance with NRS 171.188, as amended, I do hereby affirm under pain and penalty of perjury, that:

1. I am indigent.
2. I am without the financial means to employ an attorney for the reason(s) that: I have no personal funds; I have no family or friends with the ability to provide funds to assist me; I have no assets of any kind in this State or elsewhere to assist in the employment of counsel; I am without financial resources of any kind which, if existent, would be used to assist in the employment of counsel.

Therefore, I request that the foregoing application and affirmation be considered for the appointment of Legal Counsel to represent me.

_____   _____   _____
Applicant's Signature   Print Name   Date
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ORDER

Upon review of the above application and affirmation the Court hereby finds that the Defendant

☐ Is indigent and qualifies for the services of a Public Defender.

☐ Is not indigent and does not qualify for the services of the Public Defender.

IT IS HEREBY ORDERED that the office of the Public Defender, or its duly authorized contractor, be appointed to represent the Defendant in his matter.

Dated this _____ day of _____, 20_____.

_____
Magistrate

REVISED 06/04/2024