

# MONTANA STATE PUBLIC DEFENDER APPLICATION

Applicant Name	Birthdate (M/D/Y)	Social Security Number (Required)
Email Address	Are you in jail? If so, where? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check if you <b>currently</b> receive the following benefits: <input type="checkbox"/> SNAP <input type="checkbox"/> TANF	
Street Address	Mailing Address if Different	
City, State, Zip	City, State, Zip	
Phone Number	Additional Contact Phone Number	
How would you like to receive case-related reminders and documents? <input type="checkbox"/> Email <input type="checkbox"/> Mail/US Postal Service		

**Names of ALL OTHER people living in the household, including Age and Relationship**


**In what city or town is your case?**

**MONTHLY INCOME**

**ASSETS**

<b>Your Employment</b>	Gross Wages	Cash on hand	\$
Employer (name)	\$	Checking Account(s)	\$
Add'l Employer (name)	\$	Savings Account(s)	\$
<b>Other Household Member Employment</b>	Gross Wages	Business Account(s)	\$
Employer (name)	\$	CDs, IRAs, or 401K	\$
Add'l Employer (name)	\$	Stocks or bonds	\$
<b>Other Monthly Income for Household</b>	Amount	Trusts or other	\$
Self-employment (company name)	\$	Location/description of all real estate owned:	
Social Security	\$		
SSI/SSDI	\$		
Veteran's Benefits and disability %:	\$	Motor vehicles, ATVS, boats, trailers, etc.	
Unemployment	\$	<i>(Continue on back if more than one)</i>	
Worker's Compensation	\$	Year	
Retirement/Pension	\$	Make/Model	
Rental Income	\$	Amount owed	
Other Income (describe)	\$	Value	

You must attach documentation for all household members' income and assets (except roommates). If you do not attach documentation of income, or **if you are claiming no income or benefits, you MUST provide a written explanation of your circumstances.** See additional instructions on the back of the form.

**Eligibility - False Swearing**

I believe I am financially unable to employ an attorney and I agree to provide the information required to determine if I qualify for public defender services. I hereby authorize the Office of the State Public Defender to access any information about me DPHHS has in connection with the SNAP and TANF programs to determine my eligibility for public defender services. I am also aware that although the entities requesting and receiving confidential DPHHS information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release DPHHS from any claims or causes of action which may subsequently arise from release of this confidential information.

I understand the information in this Application will be used to determine whether I receive Public Defender services and that any false statements or false information provided in this application may result in a separate criminal charge for perjury. I also understand if I am approved to receive Public Defender services, and there is a change to my financial status that would allow me to hire a private attorney at any time during my case, I must report the change to my local Public Defender office.

I declare under penalty of perjury that the information provided in this application is true and correct.

Signature (Required)

Date (Required)

Revised June, 2019

**PLEASE COMPLETE THE EXPENSE INFORMATION ON THE BACK OF THE FORM.**

**MONTHLY EXPENSES**

Housing <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$
Utilities - Gas, Electric, etc	\$
Phone	\$
Food	\$
Child Care	\$
Vehicle Loan Payments	\$
Gas (Vehicle)	\$
SCRAM/Monitoring Fees	\$
Student Loan Payments	\$
Child Support Paid	\$
Insurance - Health	\$
Insurance - Vehicle	\$
Internet	\$

***Other Expenses (Minimum Monthly Payment)***

Medical	\$
Collections	\$
Court Fees/Fines/Restitution	\$
Credit Cards	\$
Other Expense - Describe	\$

***Additional Motor Vehicles, ATVs, Boats, Trailers, etc.***

Year	
Make/Model	
Amount owed	\$
Value	\$

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Year	
Make/Model	
Amount owed	\$
Value	\$

**GENERAL INFORMATION**

**Questions:** If you have any questions or need help completing your application, please contact your local office.

**Further Documentation:** You may be required to provide further documentation of income, expense and asset information. **If you are completing this application with no income or benefit information, you must explain your circumstances in writing. Attach the explanation to this application.**

**If You are in Jail:** Complete the application with your *usual* monthly income, asset and expense information, when you are not incarcerated and include all household member information. Do not use the detention facility as your contact information.

**You must report any changes in income or financial status that would allow you to hire a private attorney at any time during your case to your local Public Defender office.**

**Failure to provide a complete application and/or requested documentation may result in the denial of your application and the loss of your public defender.**

PLEASE RETURN BY FAX, WALK IN OR MAIL TO YOUR LOCAL OFFICE

OR

Fax: 406-496-6098

Email: [opdreceptionist@mt.gov](mailto:opdreceptionist@mt.gov)

**YOU MAY ALSO APPLY ONLINE AT [PUBLICDEFENDER.MT.GOV/CLIENTS](http://PUBLICDEFENDER.MT.GOV/CLIENTS)**