Approved, SCAO

Original - Court
1st copy - Defendant
2nd copy - Appointed attorney

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	REQUEST FOR COURT-APPOINTED ATTORNEY AND ORDER	CASE NO.

ORI
MI-

Court address

Court telephone no.

THE PEOPLE OF
☐ The State of Michigan
☐ _____

v

Defendant name, address, and telephone no.

CTN	SID	DOB

REQUEST

The defendant requests a court-appointed attorney and submits the following information.

1. CHARGE
☐ Misdemeanor
☐ Felony
☐ Paternity
Next hearing: _____ Date
Bail amount: $ _____ ☐ Bond posted

2. RESIDENCE
☐ Rent ☐ Own ☐ Live with parents ☐ Room/Board

3. MARITAL STATUS
☐ Single ☐ Divorced ☐ Dependents: _____ Number
☐ Married ☐ Separated

4. INCOME Employer name and address

Length of employment

Average take-home pay $ _____
☐ weekly ☐ monthly ☐ every two weeks

Other Income State monthly amount and source (DSS, VA, rent, pensions, spouse, unemployment, etc.).

5. ASSETS* State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.

6. OBLIGATIONS* Itemize monthly rent, installment payments, mortgage payments, child support, etc.

7. CONTRIBUTION TOWARD ATTORNEY COSTS

I understand that I may be required to contribute to the cost of an attorney.

Date: _____ Signature: _____

*Use reverse side for additional information/comments.

ORDER

☐ 8. _____ is appointed to represent the defendant.
Name Bar no.

☐ 9. The petition is denied because: _____

District Court Endorsement (felony cases only)

Date _____ Date _____

Judge _____ Bar no. Judge _____ Bar no.