

x _____
Defendant's Name

x _____
Defendant's Address

x _____
City, State & Zip

x _____
Telephone

x _____
Email

KANE COUNTY JUSTICE COURT
State of Utah
76 North Main Street, Kanab, UT 84741
(435) 644-2351 – telephone; (435) 644-2052 – fax
jckane@utcourts.gov

STATE OF UTAH,

Plaintiff

VS

Defendant

PUBLIC DEFENDER APPLICATION

Case No. _____

Judge: Gary Johnson

Defendant provides the following information so the Court can determine the Defendant's eligibility for the Public Defender.

DEFENDANT'S FINANCIAL INFORMATION

Fill out the following tables **COMPLETELY**.

Employer's Name & Address	Monthly Net Income	Monthly Gross Income
Alimony received		
Child support received		
Income in the past 12 months from any other non-governmental source including business, profession or other self-employment; rent payment; interest or dividends; pensions, annuities, or life insurance payment; gifts or inheritance.		
Income from government financial support including social security benefits, AFDC, worker's compensation, veterans non-educational benefits, housing, food, or other living allowances paid to members of the military, clergy, and others.		

If Defendant is currently not employed:

_____ Date & state of last employment

_____ Salary/wages per month when last employed

Amounts in cash or in any bank accounts including savings and checking	
Amounts owing to Defendant including accounts receivable	

List of home, land or other real property and vehicles or other personal property owned in whole or in part by Defendant, its location and its approximate value. Include any real or personal property which defendant has transferred to a third party since the date of the offense alleged in the information.

Property	Location	Value

List of Defendant's debts.

To whom owed	Amount	To whom owed	Amount

List of Defendant's monthly expenses.

	Amount		Amount		Amount
Food		Gas		Other (list)	
Clothing		Water			
Transportation		Sewer			
Mortgage/rent		Car payments			
Electricity		Medical payments			

DEFENDANT'S DEPENDENTS:

Name	Age	Relationship	Name	Age	Relationship

I, _____, pursuant to the provisions of Section 78B-5-705, UCA, declare, certify, verify or state, under criminal penalty of the State of Utah, that the forgoing application is true and correct and that I have not transferred or otherwise disposed of any assets since my arrest with the intent of establishing eligibility for the appointment of counsel, understanding that if I have knowingly made a false written statement that I would be guilty of a class B misdemeanor.

I also understand that I have a continuing duty to keep the Court informed of any material changes or change in my circumstances that would affect my ability to remain eligible for the public defender, if I am awarded the services of the Public Defender.

Executed on this ^x ___ day of ^x _____, 201__.

^x _____
(Signature of Defendant)

Subscribed and sworn to before me on this ^x ___ day of ^x _____, 201__.

^x _____
NOTARY PUBLIC

^x Fill in the tables with the requested information or indicate that it is not applicable (n/a); make sure where the ^x are indicated that these spaces are also filled in.

PUBLIC DEFENDER INSTRUCTIONS

1. The Public Defender may only be appointed to represent those who are financially unable to hire their own attorney and who are charged with a crime where there is a possibility of a jail sentence, including a suspended sentence, if they are convicted.
2. The information on the accompanying form is not confidential.
3. Use care in answering the questions. Knowingly providing false or misleading information could subject you to punishment for contempt or prosecution for a class B misdemeanor.
4. If you do not understand a question or need help in completing the form please contact the Court.
5. You may be placed under oath and questioned further by the Judge concerning your answers.
6. The following factors will be considered by the Court in determining your eligibility for the Public Defender: employment status; income resources and amounts; personal and real property; cash on hand; household size and dependents; expenses and liabilities; nature of charge(s); and, estimated cost of defense.
7. If you are appointed the Public Defender and are found guilty you may be required to reimburse Kane County for some or all of the costs of the Public Defender.
8. If you are appointed the Public Defender you will receive a copy of the order of appointment. It will then be your responsibility to contact the Public Defender and provide him with your current mailing address and telephone number. You must cooperate fully with the Public Defender and keep him informed of your whereabouts.
9. You have an obligation to inform the Court if your financial situation changes. The Public Defender and the Kane County Attorney have a similar obligation if they become aware of such changes.
10. Once the Public Defender has been appointed he may not withdraw from your representation if it will disrupt the orderly processing of your case.
11. If you are eligible for the Public Defender but refuse his services or if you fail to cooperate with the Public Defender and you appear at a proceeding without an attorney you run the risk of not having an attorney assist you at that proceeding.