

WARNING: IF YOU ARE A NONCITIZEN A GUILTY PLEA OR A CONVICTION MAY RESULT IN DEPORTATION

LEGAL AID OF WESTERN MISSOURI

APPLICATION FOR A COURT APPOINTED ATTORNEY

For court use only DO NOT write in this section

Referring Judge:

Date Referred:

GOS or Ticket Numbers:

Next Court Date:

Report: YES NO

Time/Courtroom:

PRINT

Full Name:

Sex: _____ Race: _____

Date of Birth: ____/____/____ Age: _____ (If you are under 18, stop here and return to judge)

Address: _____ City/State: _____ Zip: _____

Telephone number(s) (home/cell): _____ Email: _____

Social Security #: _____ Driver's License #: _____

Have you ever served in the U.S. military? YES NO

Did you post bond? YES NO Did you use a bonds man? YES NO

Amount posted? \$ _____

Marital status: Married Single Separated Widowed Divorced

Who do you live with? _____

Number of children that you have **full legal custody** of living in your home under the age of 18: _____

Are you employed? YES NO

If yes, how much do you make? \$ _____ per week bi-weekly per month per year

If no, when was the last time you were employed? _____

Is your spouse employed? YES NO

If yes, how much does your spouse make? \$ _____ per week bi-weekly per month per year

Indicate amount received: AFDC \$ _____/mo. Food Stamps \$ _____/mo. VA \$ _____/mo.

Soc. Sec. \$ _____/mo. Unemployment Comp. \$ _____/mo. Other \$ _____/mo.

If you do not receive any of the above and are also unemployed, how do you support yourself?

BY SIGNING THIS FORM, YOU ARE REPRESENTING TO THE COURT THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

Applicant Signature

Date
