

# THORNTON MUNICIPAL COURT

You must fill out the application completely. Information that does not apply, indicate Not Applicable. An incomplete form could result in rejection of your application. If under the age of 18, a parent or guardian must complete the form.

**APPLICATION for – check all that apply:**

Case Number: \_\_\_\_\_

Court Appointed Attorney       Waiver of \$25 Jury Deposit       Discovery Fees

If you are found to be slightly over the indigency guidelines, the Court may still appoint an attorney at \$25.00 per hour that you will be ordered to reimburse the Court at the conclusion of your case. If this is the case, would you like the Court to appoint an attorney to represent you? \_\_\_ Yes \_\_\_ No

**PEOPLE OF THE CITY OF THORNTON, STATE OF COLORADO,**  
vs.

\_\_\_\_\_

Defendant  
**THIS PETITION** is made to inform the Court as to my status of indigence and to request the above.

## PERSONAL INFORMATION

DEFENDANT'S Name: (LAST, FIRST)

DEFENDANT'S Current Address:

Email Address:

Home Telephone Number:

Social Security No:

Date of Birth:

SPOUSE'S Name: (LAST, FIRST)

Social Security No:

Date of Birth:

**MARITAL STATUS:**

\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

**NUMBER OF DEPENDENTS:**

\_\_\_ Children \_\_\_ Spouse \_\_\_ Other

Ages of Dependents: \_\_\_\_\_

Do the children live with you? \_\_\_\_\_

## EMPLOYMENT INFORMATION

DEFENDANT'S Employer

Address:(Include Street, City, State, Zip)

Employer's Phone #

Spouse's Employer

Address: (Include Street, City, State, Zip)

Employer's Phone #

Spouse's Position

Spouse's Hourly Rate of Pay

Hrs Worked

If Defendant Unemployed, how Long

If Spouse Unemployed, how long

Unemployment Benefits

Name & Address of Individual Contributing to Your Support, If Any: (Living with relatives/friends)

Relationship

Explain

If your income equals \$0.00, you must explain your means of support/viability below:

\_\_\_\_\_

## FINANCIAL INFORMATION

Please provide the gross income from all members of the household who contribute monetarily to the common support of the household.

Gross Monthly Income		Monthly Expenses		Assets (Including Spouse)	
Defendant	\$	Housing	\$	Real Estate Value	\$
Spouse	\$	Utilities	\$	Vehicle Value	\$
AFDC	\$	Food	\$	Other Assests	\$
Social Security	\$	Insurance	\$		
Workers Compensation	\$	Medical/Dental	\$		
Unemployment Comp	\$	Child Care	\$		
Child Support	\$	Transportation	\$	Mortgage Balance: \$	
Other Income	\$	Child Support	\$	Make/Model of vehicle(S):	
		Other Expenses	\$		
<b>Total Income/Month</b>	<b>\$</b>	<b>Total Expenses/Month</b>	<b>\$</b>	<b>Total Assets:</b>	<b>\$</b>

**Other Income:** (Explain in detail)

*I swear under penalty of perjury that the following information is true and complete. I will notify the Court of any improvement or decline in my financial condition from the date of this Petition. I also understand that if the court grants this request, I may later be ordered to reimburse the City of Thornton for attorney fees spent on my behalf.*

Signature of Defendant (Parent/Guardian, if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk of the Court

### ORDER

Based on the information contained in the Petition and Affidavit and the notes of the investigation, the Court **(GRANTS) (DOES NOT GRANT)** the Defendant's motion.

Upon review, the judge has denied the application for the following reason: \_\_\_\_\_

Partially Indigent. Pay \$25.00 per hour for Court Appointed Counsel.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

By the Court:

\_\_\_\_\_  
Municipal Judge

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**\*\*\*DO NOT FILL OUT (Court Use Only)\*\*\***

Income Verification: Previous four (4) Quarters prior to date of application

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
\$ _____	\$ _____	\$ _____	\$ _____