



ASSIGNED COUNSEL PROGRAM

THIS FORM MUST BE SCANNED AND UPLOADED TO DD7 NO LATER THAN 2 WEEKS
AFTER ASSIGNMENT AND BEFORE VOUCHING FOR THIS CASE.

CONFIDENTIAL REPORT OF FINANCIAL STATUS PRIVILEGED CLIENT INFORMATION

CLIENT: _____

DATE OF BIRTH: _____

AKA: _____

COURT: _____

ADDRESS: _____

CASE NUMBER: _____

ATTORNEY: _____

PHONE: _____

E-MAIL: _____

#OF DEPENDANTS: _____

PRESUMPTIVE ELIGIBILITY

IS THE APPLICANT CURRENTLY INCARCERATED, DETAINED
OR CONFINED TO A MENTAL HEALTH FACILITY?

YES

NO

IS THE APPLICANT CURRENTLY RECEIVING OR ELIGIBLE FOR
NEED-BASED PUBLIC ASSISTANCE (FOOD STAMPS, TANF,
SSI/SSP, SNA, MEDICAID, SECTION 8, EMERGENCY ASSISTANCE)?

YES

NO

TO THE APPLICANT'S KNOWLEDGE, HAVE THEY BEEN
DEEMED ELIGIBLE FOR ASSIGNED COUNSEL IN THE LAST
SIX MONTHS?

YES

NO

IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS

“YES” STOP

NO FURTHER INQUIRY IS REQUIRED.

IF NONE ARE “YES,” PROCEED TO REVERSE SIDE

MONTHLY INCOME-AFTER TAXES	AMOUNT
EMPLOYMENT NET	
UNEMPLOYMENT NET	
DISABILITY NET	
WORKERS COMP NET	
SOCIAL SECURITY NET	
PENSION	
RENTAL INCOME	
TOTAL INCOME	

ASSETS	AMOUNT
BANK ACCOUNTS TOTAL	
CASH ON HAND	
OTHER LIQUID ASSETS	
TOTAL ASSETS	

DO YOU OWN A CAR?

YES

NO

IS THE CAR NECESSARY FOR BASIC LIFE ACTIVITIES?

YES

NO

IF "YES," VALUE OF CAR CANNOT BE INCLUDED IN ASSETS.

IF "NO" WHAT IS CAR'S VALUE? \$ _____

TOTAL ASSETS WITH CAR VALUE: \$ _____

EXPENSES AND OBLIGATIONS PER MONTH	AMOUNT
FOOD EXPENSES	
RENT/MORTGAGE	
UTILITIES (GAS, ELECTRIC, WATER, PHONE)	
TOTAL AUTO EXPENSES (PAYMENT, GAS, REPAIRS, MAINTENANCE)	
CHILD CARE EXPENSES	
ALIMONY PAID	
MEDICAL BILLS	
STUDENT LOAN PAYMENT	
CREDIT CARD DEBT PAYMENT	
OTHER OBLIGATIONS	
TOTAL MONTHLY EXPENSES	

SUBMITTED BY ATTORNEY:

DATE: _____