

Case Number _____ Defendant Name _____

Charge(s) _____

IN FORMA PAUPERIS

I swear under penalty of perjury that the following information is true and complete. If this application is for court-appointed counsel, and is granted, I may later be ordered to reimburse the City of Boulder for attorney fees spent on my behalf.

Date: _____

Signature _____

(All sections must be completed as fully as possible. Please print neatly)

APPLICANT		APPLICANT'S EMPLOYER	
Name _____		Company _____	
Address _____		Supervisor _____	
City, State, Zip _____		Address _____	
Phone number _____		City, State, Zip _____	
Soc. Sec. No. _____ Birthdate _____		Phone Number _____ Position _____	
Driver's License No. _____ State _____		Length of Employment _____ Hours/Week _____	
OTHER RESPONSIBLE PARTY (SPOUSE, PARENT)		OTHER PARTY'S EMPLOYER	
Name _____		Company _____	
Relation to Applicant _____		Supervisor _____	
Address _____		Address _____	
City, State, Zip _____		City, State, Zip _____	
Phone number _____		Phone Number _____ Position _____	
Soc. Sec. No. _____ Birthdate _____		Length of Employment _____ Hours/Week _____	
Driver's License No. _____ State _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Total Number of Dependents (including yourself): _____			
MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Self	\$ _____	Rent/Mortgage	\$ _____
Spouse		Food	
Parents		Utilities	
Other Responsible Parties		Clothing	
Unemployment		Alimony/Child Support	
Social Security		Medical Bills	
Child Support		Credit/Other Loans	
Food Stamps/Welfare		Other Court-ordered Expenses	
Other Income		TOTAL EXPENSES	\$ _____
TOTAL HOUSEHOLD INCOME	\$ _____	DESCRIPTION	
ASSETS	AMOUNT	Bank:	Account No:
Savings Account Balance	\$ _____	Bank:	Account No:
Checking Account Balance		Year and Model:	
Cash on Hand		Amount Owed: \$	
Car Value		Type:	
House Value		Type:	
Value of Stocks, Bonds, Mutual Funds		Type:	
Value of Other Property		Type:	
Value of Other Investments		CONVERTIBLE TO CASH = \$	
Additional Vehicle Value			
TOTAL ASSETS	\$ _____		

References:

1. Name/Address/Phone _____
2. Name/Address/Phone _____

DO NOT WRITE BELOW THIS LINE

☐ At or below guidelines **or** ☐ Above guidelines ☐ In custody/bond allowed ☐ Out on bond
☐ Fee paid **or** ☐ Fee waived

Signature/date of investigator/clerk: _____

Request ☐ granted **or** ☐ denied

Signature/date of judicial officer: _____