

IN THE JUDICIAL DISTRICT COURT OF THE NAVAJO NATION
JUDICIAL DISTRICT OF _____

THE NAVAJO NATION,

Plaintiff,

No. _____

Vs.

**APPLICATION FOR LEGAL COUNSEL
AND INDIGENCY ASSESSMENT**

Defendant.

Defendant: You must answer the following questions thoroughly so that the Court can decide whether to appoint legal counsel to help you. You must disclose all assets which you own or benefit from, and all sources of income and financial support. The Probation Officer will verify the information you provide. Please return the completed form to the Probation Officer within _____ days.

I. APPLICANT INFORMATION

Name: _____ Census No: _____

Date of Birth: _____ Telephone: _____

Mailing Address: _____ Physical Address: _____

Email: _____

Office of Probation & Parole Services Use Only:

II. ASSESSMENT OF LIKELIHOOD OF INCARCERATION

Yes No The offense charged carries a potential sentence of incarceration.

Yes No The Defendant faces revocation of probation or parole with the potential for incarceration.

Yes No The Defendant faces a proceeding for criminal contempt of court with the potential for incarceration.

Upon assessment of these factors, it appears there is is not a real likelihood that the Defendant faces incarceration.

Date

Probation Officer

PPS: If incarceration appears unlikely, STOP here. The Defendant is not eligible for appointment of counsel. If there is a likelihood of incarceration, CONTINUE.

III. PRESUMPTIVE ELIGIBILITY: PUBLIC ASSISTANCE

I DO currently receive the following type of monthly public assistance provided by:

- SSI \$_____ Social Security No.: _____
- Medicaid
- Social Security Retirement or Disability (OASDI) \$_____
- USDA Commodity Foods: \$_____
- TANF: \$_____ Low-income Home Energy Assistance
- SNAP (Food Stamps) \$_____ WIC \$_____
- General Assistance \$_____ National School Lunch Program

For each program you have checked, attach a copy of current award letter.

PPS: If any one of the boxes above is checked, STOP here and skip to Defendant's OATH on page 4. Pending verification, the Defendant is financially eligible for appointment of counsel. If no boxes are checked, CONTINUE.

I currently DO NOT receive public assistance.

PPS Office Use Only:

- Social Security Administration verification
- Department of Workforce Services/Economic Security verification
- Division of Social Services verification

IV. PRESUMPTIVE ELIGIBILITY: FEDERAL POVERTY GUIDELINES

Household status:

Live alone; Live with: Spouse Minor children (Number: ____) Parents

Marital status: Single Married Separated Cohabiting/common law married

In addition to yourself, how many other persons do you support? _____ adults; _____ children

Are you employed/self-employed? Yes No

Is your spouse employed/self-employed? Yes No

Income Source	Self	Spouse/Household	Office Use Only
Gross Monthly Pay/Salary	\$	\$	
Unemployment Benefits	\$	\$	
Scholarship	\$	\$	
Alimony	\$	\$	
Money from Family	\$	\$	
Cash earnings (e.g. craft sales, casual labor)	\$	\$	
Other Income: (Please Specify)	\$	\$	
	\$	\$	
TOTAL MONTHLY INCOME:	\$	\$	

Office of Probation & Parole Services Use Only:

The household's yearly gross income amount is \$ _____
(combined gross monthly income x 12)

FAMILY SIZE AND YEARLY GROSS INCOME (125% of HHS Poverty Guidelines of 2013)

1	\$14,362.00	5	\$34,462.50
2	\$19,387.50	6	\$39,487.50
3	\$24,412.50	7	\$44,622.50
4	\$29,437.50	8	\$49,537.50

(For households with more than 8 persons, add \$5,025.00 per year for each additional family member)

The Defendant's yearly household income is equal to or less than the income in the chart for the size of his or her family. The Defendant is financially eligible for appointment of counsel. *PPS: If this box is checked, STOP here and skip to Defendant's OATH on page 4. If not, CONTINUE.*

V. NON-PRESUMPTIVE ELIGIBILITY

A. ASSETS

Asset	Self	Spouse/Household	Office Use Only
Cash on Hand	\$	\$	
Checking Account	\$	\$	
Savings Account	\$	\$	
Tax Refunds	\$	\$	
Motor Vehicles (auto, trailers, boats, etc.) (first motor vehicle is exempt)	\$	\$	
Livestock (subsistence is exempt)	\$	\$	
Real Estate (residence is exempt)	\$	\$	
Building(s)	\$	\$	
Other (trade tools, medical equipment, religious paraphernalia are exempt):	\$	\$	
TOTAL ASSETS:	\$	\$	

B. MONTHLY EXPENSES

Expense	Self	Spouse/Household	Office Use Only
Food	\$	\$	
Rent or Mortgage for Housing	\$	\$	
Utilities	\$	\$	
Child Support/Alimony (court-ordered)	\$	\$	
Child Care Expenses	\$	\$	
Medical Expenses (out-of-pocket)	\$	\$	
Nursing Home Expenses	\$	\$	
Employment or Medical Transportation Expenses	\$	\$	
Other (please specify):	\$	\$	
TOTAL MONTHLY EXPENSES :	\$	\$	

Office of Probation & Parole Services Use Only:

Based on my review of the Defendant's gross income, assets, and expenses, I recommend that the Court find the Defendant: financially eligible for appointment of counsel or financially ineligible for appointment of counsel. The Defendant is able to contribute to the cost of his or her defense in the amount of \$_____.

Date

Probation Officer

OATH UNDER PENALTY OF PERJURY

I, _____, give my oath that I have truthfully given the information which appears in this statement. I have not knowingly concealed, or in any way misrepresented my financial resources.

I am aware that if I have made any false statement, misrepresentation, or concealment, I can be held in contempt of court and/or prosecuted for perjury and other offenses. I understand that the penalty for perjury is jail for up to one year, a fine of up to \$5,000, or both. I also understand that my court appointed counsel may withdraw from my case.

If the court appointed counsel accepts my case, I will notify him or her of any change in my financial resources. If I continue to accept such services after my financial condition has materially changed without notifying my legal counsel, I can be prosecuted, and in such case this application may be used against me.

I hereby authorize the release of all information relating to my assets and income, including public assistance, to the Navajo Nation Judicial Branch for verification of information on this form.

I make these representations under **PENALTY OF PERJURY.**

Date

Defendant

**IN THE JUDICIAL DISTRICT COURT OF THE NAVAJO NATION
JUDICIAL DISTRICT OF _____**

THE NAVAJO NATION,

Plaintiff,

No. _____

Vs.

**REQUEST FOR APPOINTMENT
OF PRO BONO LEGAL COUNSEL**

Defendant.

ASSESSMENT BY PROBATION OFFICER

I have reviewed the Defendant's Application for Legal Counsel and Indigency Assessment and have found the Defendant to be eligible for appointment of pro bono legal counsel in accordance with the Navajo Court Policy on Appointment of Counsel and Indigency.

The Defendant is able to contribute to the cost of his or her defense in the amount of \$_____.

Date

Probation Officer

REQUEST FOR APPOINTMENT OF COUNSEL

TO: Office of Pro Bono Service, Navajo Nation Supreme Court

Based on the Probation Officer's assessment, the _____ Judicial District Court requests appointment of pro bono counsel for the Defendant in this case.

Bilingual skills requested.

Date: _____

Court Administrator

Upon reviewing the Application for Legal Counsel and Indigency Assessment, the application is hereby approved. Comments: _____

Date: _____

JUDGE, Judicial District Court of the Navajo Nation