MUNICIPAL COURT, CITY A	ND COUNTY OF	BROOMFIELD,		
COLORADO Address: 17 DesCombes Drive,	Broomfield, CO 80	0020		
THE PEOPLE OF THE CITY Ovs.	OF BROOMFIELD		Δ COURT USE ONLY Δ	
	, T	Defendant	Case No:	
APPLICAT	TON FOR COUF	RT APPOINTED AT	TORNEY	
	Defendant, swear	under penalty of perjur	y that the following information	
is true and complete.				
Complete all pages of the form. Failure to age of 18, a parent or legal guardian must apply to you.	complete all questions complete and sign. L	s will result in an immediate eave no blanks; write N/A (1	denial of your request. If under the not applicable) if the question does not	
ирргу го уой.	PERSONAL I	NFORMATION		
Defendant's Full Name	A phone of the second s			
Defendant's Current Address		City, Sta	te Zip Code	
Home Phone # Cell	Phone #	Social Security	# Date of Birth	
Spouse's Name (Last, First)		Social Security	# Date of Birth	
MARITAL STATUS:		NUMBER OF DEPENDENTS:		
Single Married			Idren Spouse Other	
SeparatedDivorced	ī	•	Dependents:h you most/all the time?	
		ENT INFORMATIO		
Defendant's Employer	Address (Street	, City, State, Zip)		
Employer's Phone # You	r Job Title	Your Hourly Rate of Pa	y Hours Worked Per Week	
Paid every week/month/other	Average Gross	Earnings per paycheck	Average Net Earnings (after deductions) per paycheck	

Spouse's Employer	Address (Street, City, State, Zip)		
Employer's Phone #	Spouse's Job Title	Spouse's Hourly Rate of Pay	Hours Worked per Week
If Defendant Unemployed	i, How Long? If Sp	pouse Unemployed, How Long?	Unemployment Benefits
Name & Address of Indiv	vidual Contributing to Yo	our Support, If Any: (Living with	n Relatives/Friends)
Relationship		Explain	
(If your income equals \$0	0.00, you must explain ho	ow you support yourself and /or v	vho supports you)

FINANCIAL INFORMATION

GROSS MONT	THLY INCOME	MONTHLY	EXPENSES		NCLUDING ISE'S)
Defendant	\$	Housing	\$	Real Estate Value	\$
Spouse	\$	Utilities	\$	Vehicle(s) Value	\$
Child Support	\$	Food	\$	Other Assets	\$
Social Security	\$	Insurance	\$		
Worker's Compensation	\$	Med./Dental	\$		
Unemployment Compensation	\$	Child Care	\$	Bank Account Balances	
TANF	\$	Transportation	\$	Savings	\$
Disability Compensation	\$	Child Support		Checking	\$
Other**	\$	Other Expenses	\$		
Total Income Per Month	\$	Total Expenses Per Month	\$	Total Assets	\$

FINANCIAL INFORMATION (cont)

Bank Accounts:	Bank Telephone Number:			
Checking at:(Name of Instituti	ion) Sa	Savings at:(Name of Institution)		
Real Estate Location/Address:		Rent or Own	(circle one)	
If Renting House, Current Month	ly Rent:	-		
Current Assessed Valuation or Es	stimated Fair Market Value:			
If Purchasing House:				
First Mortgage Balance:	Monthly Payment	Mortgage Comp	any	
Second Mortgage Balance:	Monthly Payment	Mortgage Compa	any	
Vehicles Owned:				
Year/Make:	Value:	Monthly Payment	***************************************	
Year/Make:	Value:	Monthly Payment		
Other Income (Explain in detail)	;			
PLACE YOUR	INITIALS ON EACH OF	THE FOLLOWING LI	NES:	
Municipal Court to verify any in bank and other companies to rel	y of Perjury, that the above information of this form the series any confidential information ne supply additional information, include support information.	n, including, but not limited to cessary to accomplish the veri	, authorizing my employer, fication process.	
I understand that I may be held:	in Contempt of Court for providing f	alse and/or incomplete inform	ation on this application.	
	the Court Clerk's Office, of any improposition of my pending case. I under			
	Guardian, if under 18):		Date:	
Signature of Defendant (Parent/G				

CITY ATTORNEY'S POSITION REGARDING SENTENCE

The City Attorney (will waive) (will not waive) a jail senthis case.	ntence, if the Defendant is convicted	of the offense in
	City Attorney	Date
ORD	ER	
The City Attorney (waives) (will not waive) a jail senter offense. Based upon the City Attorney's statement above and the notes of the investigation, the Court (GRANTS) a Court Appointed Attorney.	e, the information in the Application	and Affidavit,
	BY THE COURT:	
	Municipal Judge	Date