

**IN THE JUDICIAL COURT OF THE TOHONO O'ODHAM NATION  
CRIMINAL DIVISION**

TOHONO O'ODHAM NATION, Plaintiff, V. _____, Defendant.	) ) ) ) ) )	Case No.: _____  <b>FINANCIAL AFFIDAVIT: REQUEST FOR COURT-APPOINTED ATTORNEY<sup>1</sup> AND ORDER</b>
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**DEFENDANT requests a court-appointed attorney and submits the following information.**

<b>1.</b>	<b>CONTACT INFORMATION:</b> Defendant's Full Name: _____ Mailing Address: _____ <input type="checkbox"/> T.O. Corrections Telephone Number(s): _____
<b>2.</b>	<b>RESIDENCE:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Room/Board
<b>3.</b>	<b>MARITAL STATUS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
<b>4.</b>	<b>DEPENDENTS (number):</b> _____
<b>5.</b>	<b>CURRENT INCOME</b> (employer name, city): _____ Average take-home pay: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
<b>6.</b>	<b>OTHER INCOME:</b> (State monthly amount and source, <i>i.e.</i> , DSS, VA, rent, pensions, spouse income, unemployment, etc.)    \$ _____ (do not leave blank, enter either 0 or NA)
<b>7.</b>	<b>ASSETS:</b> (State value of car, home, bank deposits, inmate accounts, bonds, stocks, livestock, etc.) \$ _____ (do not leave blank, enter either 0 or NA)
<b>8.</b>	<b>OBLIGATIONS:</b> (Itemize monthly rent, installment payments, mortgage payments, child support, etc.) \$ _____ (do not leave blank, enter either 0 or NA)
<b>9.</b>	<b>PUBLIC ASSISTANCE:</b> Please indicate which benefits you currently receive: <input type="checkbox"/> General assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Food stamp benefits <input type="checkbox"/> Poverty related veteran's benefits <input type="checkbox"/> Temporary assistance for needy families (TANF) <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental security income <input type="checkbox"/> Other (describe): _____
<b>10.</b>	<b>AUTHORIZATION FOR RELEASE OF INFORMATION:</b> I give permission for the Tohono O'odham Nation to contact anyone or any agency to verify the financial information I provide to the Court in support of my application. UNDER PENALTY OF PERJURY, I declare that I have examined the above statements made by me and to the best of my knowledge, information, and belief swear that each and all are true and correct.
Print Name	Signature
_____	_____
Date	_____

**ORDER**

1.  The  Tohono O'odham Advocate Program or  Attorney \_\_\_\_\_ is appointed to represent the defendant.
2.  The Request is denied because: \_\_\_\_\_

Date: \_\_\_\_\_ Judge: \_\_\_\_\_

Defendant In-Custody      Next Court Date/Time: \_\_\_\_\_

Copy of the foregoing was  mailed     hand delivered    this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

To:                     Prosecution     Defendant     Other \_\_\_\_\_

<sup>1</sup> This form is only to be used in cases where the Nation has indicated they are seeking more than one year of incarceration.