



DISTRICT COURT OF MARYLAND FOR

City/County

Name

Address

City, State, Zip

Case Number:

Contact Telephone Number

APPLICATION FOR APPOINTED ATTORNEY AT INITIAL APPEARANCE
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Complete all information below regarding ability to hire a private attorney.

(1) Income (Net) Per Hour Week Year

Employer

Length of Employment

(2) Other Income

Source

Amount

(3) Monthly Obligations:

Rent/Mortgage

Dependent Support

Utilities

Store Accounts

Other

(4) Number of Dependents (that you contribute to support.)

(5) Assets:

Vehicle

Savings

Line of Credit

Stocks/Bonds

Other

Affidavit of Indigency

I solemnly affirm under the penalties of perjury that the contents of this document and any supporting documentation are true to the best of my knowledge, information, and belief in support of my inability to hire a private attorney.

Signature of Defendant

Date

FOR OFFICE USE ONLY

Qualification Decision: Eligible Ineligible

Commissioner's Signature

Date