

MUNICIPAL COURT, CITY OF EDGEWATER, JEFFERSON COUNTY, STATE OF COLORADO 1800 HARLAN STREET EDGEWATER, COLORADO 80214 Phone: (720) 763-3004 FAX: (303) 237-0834 court@edgewaterco.com	
Plaintiff: The CITY OF EDGEWATER vs. Defendant:	▲ COURT USE ONLY ▲
	Case Number:
APPLICATION FOR COURT APPOINTED COUNSEL	

I, THE UNDERSIGNED DEFENDANT, HEREBY REQUEST **COURT APPOINTED COUNSEL** IN THE ABOVE ENTITLED CASE, AND AS GROUNDS THEREFORE STATE AS FOLLOWS:

PERSONAL INFORMATION: (INCOMPLETE APPLICATIONS ARE NOT ACCEPTED)

NAME	DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS	CITY/STATE	ZIP CODE
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPERATED <input type="checkbox"/> DIVORCED		
NUMBER OF DEPENDANTS LIVING WITH YOU: CHILDREN _____ OTHER _____		

EMPLOYMENT INFORMATION:

EMPLOYER NAME	PHONE NUMBER		
STREET ADDRESS	CITY/STATE		
START DATE	GROSS MONTHLY SALARY	\$ PER HOUR	HRS PER WEEK

AUTOMOBILE INFORMATION:

DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE		
YEAR	MAKE/MODEL	LICENSE PLATE	PAYMENT	LEINHOLDER
YEAR	MAKE/MODEL	LICENSE PLATE	PAYMENT	LEINHOLDER

FINANCIAL INFORMATION:

(PROVIDE COPIES OF BANK STATEMENTS, PAYSTUBS, AND MOST RECENT INCOME TAX RETURN)

MONTHLY INCOME	MONTHLY EXPENSES	ASSETS (VALUATIONS)
DEFENDANT: _____	RENT: _____	REAL ESTATE: _____
SPOUSE: _____	UTILITIES: _____	VEHICLE: _____
CHILD SUPPORT: _____	FOOD: _____	OTHER: _____
SOC. SECURITY: _____	INSURANCE: _____	OTHER: _____
UNEMPLOYMENT: _____	CHILD CARE: _____	BANK
WORKERS COMP: _____	CHILD SUPPORT	CHECKING: _____
GOV'T AID: _____	TRANSPORTATION: _____	SAVINGS: _____
OTHER: _____	OTHER: _____	INVESTMENTS: _____
TOTAL:	TOTAL:	TOTAL:
IF YOUR TOTAL INCOME EQUALS \$0.00, YOU MUST EXPLAIN YOUR MEANS OF SURVIVAL/SUPPORT:		

I, _____, SWEAR OF AFFIRM, UNDER OATH AND UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND AUTHORIZE THE EDGEWATER MUNICIPAL COURT TO VERIFY ANY INFORMATION I HAVE RECORDED ON THIS FORM, INCLUDING BUT NOT LIMITED TO, AUTHORIZING MY EMPLOYER, BANK AND THE LIKE TO RELEASE ANY OTHERWISE CONFIDENTIAL INFORMATION NECESSARY TO ACCOMPLISH VERIFICATION.

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Defendant's Signature

Date

Prosecutor

- The City is Waiving Jail on this Case

- Other:

Prosecuting Attorney

ORDER

Based on the information contained in the petition and Affidavit and the notes of the investigation, the Court:

(GRANTS) (DOES NOT GRANT) The Defendants Motion.

By the Court:

Municipal Judge