

**APPLICATION FOR THE PUBLIC DEFENDER**

LITTLE EGG HARBOR & EAGLESWOOD MUNICIPAL COURT

665 RADIO ROAD

LITTLE EGG HARBOR, NEW JERSEY 08087

P: (609) 296-7241 F: (609) 294-1068

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TICKET / SUMMONES #: \_\_\_\_\_

I UNDERSTAND THAT THERE IS AN APPLICATION FEE UP TO \$200 THAT THE JUDGE WILL ASSESS AT TIME OF APPOINTMENT. I AM AWARE THAT THIS FEE NEEDS TO BE PAID BY THE TIME MY CASE IS OVER.

SIGNATURE: \_\_\_\_\_



# Municipal Courts of New Jersey Financial Questionnaire to Establish Indigency



## Part I - General Information

Application by  Defendant  
 Parent or Guardian if Defendant is Under 18 or Incompetent

For:  Indigent Defense Services\*  
 Installment Payment of Fines/Penalties

\*Note: if you are applying for indigent defense services, you may be charged with an application fee.

Are you receiving welfare or participating in another government based income maintenance program?  Yes  No

Are you only completing this form for installment payments of your fine?  Yes  No

Are you only charged with traffic or parking offenses?  Yes  No

If you answered "Yes" to all of the above 3 questions, go to Part VII and complete the Certification.

Complaint Number(s) \_\_\_\_\_ Number of Co-Defendants \_\_\_\_\_

Charges \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Eye Color \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ How long at the above address? \_\_\_\_\_ Marital Status  
 Married  Single  Separated  Divorced  Widowed

Number of those you support (children or other family members) \_\_\_\_\_ Which income tax returns did you file last year?  
 Federal  State  None

Have you posted bail for this charge?  Yes  No If yes, name and address of bail bond agency or person who posted bail \_\_\_\_\_ Amount Posted \$ \_\_\_\_\_

## Part II - Employment History

Are you now employed?  Yes  No If yes, length of employment? \_\_\_\_\_

Current employer, if employed. If unemployed, last employer and date last employed. \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

## Part III - Income and Assets (include all assets you own by yourself or with someone else)

Gross Wages (before all deductions for taxes, etc.) \$ \_\_\_\_\_ per  Week  2 weeks  Month

Other Income Received Monthly (for example: welfare, social security, unemployment compensation, worker's comp, disability pension) \$ \_\_\_\_\_

Do you receive alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		By court order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount received monthly \$	
Does anyone contribute to the payment of your expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?		Total amount contributed monthly \$
<b>Monthly Income - All Sources</b>				Monthly Income - All Sources \$	
Checking Account: Bank		Account Number		Balance \$	
Savings Account: Bank		Account Number		Balance \$	
Other Cash Available				Amount \$	
Real Estate Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address		Current Value	
		Describe		\$	
		Address		Current Value	
		Describe		\$	
Vehicle/Vessel <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Boat		Year	Make	Model	Current Value \$
Other Personal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Item		Current Value	
		Describe		\$	
<b>Total Assets</b>				Total Assets \$ 0.00	
<b>Part IV – Expenses and Liabilities</b>					
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in a halfway house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Monthly payment \$	Balance owed \$
Do you have outstanding loan(s) (car, home, personal, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe insurance premiums and/or surcharges? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe medical expenses – doctor/hospital/other? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe credit card balances? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Limit \$		Total monthly payment \$	Total balance owed \$
Do you owe court fines/penalties/costs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Are you required to pay child support and/or alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you pay for living expenses (food, clothing, utilities, transportation, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Monthly Amount \$	Living expenses owed \$

Do you owe money for attorney fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly payment \$ _____	Total balance owed \$ _____
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<b>Total Liabilities</b>	Total monthly payment \$ 0.00	Total Liabilities \$ 0.00
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<b>Total Net Worth</b>	Total Assets \$ 0.00	Total Liabilities - \$ 0.00	Total Net Worth = \$ 0.00
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**Part V – Attorney Information**

Can you afford to pay for an attorney?       Yes       No      If yes, how much? \_\_\_\_\_

Can parents, guardians, relatives or friends help you pay for an attorney?       Yes       No

Did a private attorney ever represent you       Yes       No

Name of Attorney	Address	Phone number
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Who paid for attorney?	Amount Paid \$ _____
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**Part VI– Authorization**

I authorize the court or the Administrative Office of the Courts to conduct such investigation as may be necessary to verify my financial status, which may include but may not be limited to a review of my credit history, state and/or federal income tax returns, wage records, bank accounts and other financial institution records.

s/ \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness, Name and Position      Date

**Part VII– Certification Pursuant to New Jersey Court Rule 1:4-4(b)**

I certify that the foregoing statements made by me are true. I am aware and understand that if any of the foregoing statements made by me are willfully false, i am subject to punishment.

s/ \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**For Court Use Only**

Counsel Assigned <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee <input type="checkbox"/> Assessed \$ _____ <input type="checkbox"/> Waived <input type="checkbox"/> Partial Payment Schedule _____
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Counsel Denied - Reasons

Approved by Judge  
 Yes     No      s/ \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Notes