

Juvenile Application and Affidavit for Public Defender Services

Juvenile Name _____ Birth Date _____

County/City _____ Cause Number _____

Charge _____

Parent/Guardian Name(s) _____

Parent/Guardian Social Security # _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____

Does your family receive any of the following aid? Yes No

AFCD Food Stamps Social Security

Welfare Other _____

Parent/Guardian: Please answer the following:

Are you employed? Yes No Where _____

How much do you make? \$ _____ per Hour Week Month

Any other income? (Describe) _____

Number of Dependents _____

I understand that I will be assessed a fee to defray the cost of this case and I promise to pay that fee to the Missouri State Public Defender System for legal services rendered.

Parent/Guardian Signature _____ Date _____

_____ appeared before me and swears that he/she signed this application/affidavit as his/her free act and deed and that the information on this application/affidavit is true. I have determined that the applicant is indigent/non-indigent.

Defender Signature _____ Date _____

NOTICE

EVERY PERSON CHARGED OR UNDER SUSPICION OF COMMITTING A CRIME IS ENTITLED TO HAVE A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, WITHOUT SUBSTANTIAL FINANCIAL HARDSHIP TO YOU OR YOUR DEPENDENTS, THE STATE WILL PROVIDE A LAWYER FOR YOU, BUT YOU MUST MAKE THE REQUEST.

The State of Missouri will provide a lawyer for you, at your request, if you cannot afford to hire your own lawyer, in the following circumstances:

1. You are detained (being held) or charged with a felony, including appeals from a conviction in such a case;
2. You are detained (being held) or charged with a misdemeanor which will probably result in confinement in the county jail upon conviction, including appeals from conviction in such a case;
3. You are detained (being held) or charged with a violation of probation or parole;
4. If the federal constitution or the state constitution requires the appointment of counsel;
5. If you face a loss or deprivation of liberty and any law of this state requires the appointment of counsel.

IF YOU REQUEST A LAWYER TO BE APPOINTED FOR YOU, YOU MAY BE LIABLE TO THE STATE FOR THE COST OF THE SERVICES AND EXPENSES OF THE LAWYER WHO HANDLES YOUR CASE IF YOU ARE OR WILL BE ABLE TO PAY ALL OR ANY PART OF SUCH COSTS.

YOUR INCOME TAX REFUND MAY BE INTERCEPTED TO SATISFY THIS DEBT.

FEE SCHEDULE

<u>Case Code & Type</u>	<u>Early Disposition</u>	<u>Plea or Hearing</u>	<u>Trial or Extended Matter</u>
10 Mur 1 Death (includes Appeal and PCR)	400	2,000	10,000
15 Mur 1 NDeath	400	2,000	6,000
20 Other Homicide	200	1,000	4,000
30 Felony A-B	100	500	2,000
35 Felony C-D	50	300	1,000
40 Misdemeanor	50	100	400
45 Misd Traffic	50	100	400
50 Juvenile Stat	50	100	
52 Juvenile Crim	50	100	
54 PCR 24	50	200	500
59 PCR 29	50	1,000	2,000
65 Prob Violation/Other	50	100	200
Felony Appeal	100		1,000
Homicide (non-death) Appeal	150		2,000
Non-Indigent Parent (Juvenile)	100	400	

** Additional identifiable case-related expense(s) _____