

**JUVENILE COURT
- APPLICATION FOR PUBLIC DEFENDER -**

THIS APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE IT CAN BE REVIEWED FOR ASSIGNMENT OF A PUBLIC DEFENDER. ALL QUESTIONS MUST BE ANSWERED (NO EXCEPTIONS).

1. Juvenile's Name _____ D.O.B. _____ Address: _____
 2. Father's Name _____ D.O.B. _____ Address: _____
 3. Mothers Name _____ D.O.B. _____ Address: _____

APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER FOR: _____

	Juvenile	Mother	Father
Take Home Pay From Job	_____	_____	_____
Income from ALL other sources	_____	_____	_____
Where Employed	_____	_____	_____
Savings	_____	_____	_____
Investments	_____	_____	_____
Last Year's Federal Tax Income	_____	_____	_____

Type of Case Misdemeanor Child Protection Juvenile Charge Protection Order

I hereby certify that all of the answers to the foregoing questions are true, under oath and swear that the same are true and current, and if I have intentionally answered any of said questions incorrectly, I may be prosecuted.

_____ **DATED** _____ **APPLICANT'S SIGNATURE**

INFORMATION RELEASE

I, _____, willfully cooperate with, and hereby authorize to be released to Bannock County, their authorized agents and employees, as part of my request for legal assistance, any and all information concerning me and my circumstances and earning abilities. This releases is general in nature and I authorize all parties contacted by Bannock County, not limited to relatives, friends, associates, financial institutions, State Department of health and Welfare, Social Security, Veterans Administration, Law Enforcement Agencies, Internal Revenue Service, State Tax Commission, and the Idaho Department of Employment, and any and all other to release such information that may be requested by Bannock County.

I further authorize Bannock County to release information about my application to all parties of interest as contemplated by Idaho Code Section 19-854.

I hereby waive any confidential privilege with regard to the furnishing of the aforesaid information. The foregoing authority shall continue until revoked by me in writing.

DATED this _____ day of _____, 20_____.

_____ **APPLICANT**

Approved **Denied**

The Public Defender or Conflict Public Defender is hereby approved to represent the applicant in these proceedings. The Court orders payment of \$ _____ as a Public Defender Fee to be paid in full by the _____ day of _____, 20_____, **OR** Payment to be determined later.

IT IS SO ORDERED THIS _____ day of _____, 20_____.

**BRYAN K. MURRAY – MAGISTRATE
 JUVENILE JUDGE – SIXTH DISTRICT COURT**