IN THE TRIBAL COURT OF THE CONFEDERATED TRIBES OF THE

GRAND RONDE COMMUNITY OF OREGON

JUVENILE COURT

In the Matter of: _____, CHILD'S LAST NAME _____, **D.O.B.:** CHILD'S FIRST NAME _____, **D.O.B.:** CHILD'S FIRST NAME _____, **D.O.B.:** CHILD'S FIRST NAME **Minor(s).** _____	**Case No.:** **APPLICATION FOR INDIGENT DEFENSE SERVICES**

I, _____, am applying to the Court for Indigent Defense Services because I am unable to pay for attorney services to represent me in this matter. I am a party to this case because I am the _____ of the above-named child(ren).

The attached affidavit supports this application.

_____
Signature of Applicant

Applicant's Contact Information:

_____
Street

_____
City, State, Zip code

_____
Phone Number

THE CONFEDERATED TRIBES OF GRAND RONDE
TRIBAL COURT
9615 GRAND RONDE RD.
GRAND RONDE, OR 97347
PHONE: (503)879-2303 FAX: (503)879-2269

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JUVENILE COURT

In the Matter of: _____, CHILD'S LAST NAME _____, **D.O.B.:** CHILD'S FIRST NAME _____, **D.O.B.:** CHILD'S FIRST NAME _____, **D.O.B.:** CHILD'S FIRST NAME **Minor(s).**	**Case No.:** **AFFIDAVIT IN SUPPORT OF APPLICATION FOR INDIGENT DEFENSE SERVICES**

I, _____, affirm or swear that the following information is true and complete.

1. **Income & Assets:** (If the space provided is insufficient, attach another sheet)

A. Monthly income:

1. Wages or salary: $_____
2. Financial assistance programs: (List the amount, if any, received each month from all financial assistance programs.)

a. Supplemental Security Income and State Supplemental Payments Programs: $_____.
b. Aid to Families with Dependent Children: $_____.
c. Food Stamps: $_____
d. County/General Relief, General Assistance: $_____.
e. Tribal Assistance: $_____
f. Other (please explain): $_____

TOTAL MONTHLY INCOME: $_____

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B. Tribal Per Capita Payments: $_____ How often received: _____

C. Tribal Timber Distributions: $_____ How often received: _____

D. List All other income received from all other sources.: (Include: alimony, child support, insurance, veteran's benefits, retirement benefits, rents, dividends, and interest)

Source:	Amount per month:
a. _____	$_____
b. _____	$_____
c. _____	$_____

E. Assets owned by applicant alone or jointly:

1. Real Property: (Describe and list the current market value of land or other real property in which you have a legal interest)

Description:	Current Market Value:
a. _____	$_____
b. _____	$_____
c. _____	$_____

2. Bank Accounts: (List the name and location of the bank, account number and the balance)

Name & Location	Account Number Balance
a. _____	$_____
b. _____	$_____
c. _____	$_____

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3. Other Personal Property: (List all other assets, including automobiles, boats, and investments)

Description of asset:	Current Market Value:
a. _____	$_____
b. _____	$_____
c. _____	$_____

2. Obligations:

A. Dependents:

Names of Dependents	Relationship to Applicant
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

B. Debts:

Name of Creditor	Total Balance	Monthly Payment
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

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C. Monthly Expenses:

1. Amount paid in rent or mortgage: $_____
2. Amount paid for food: $_____
3. Amount paid for transportation: $_____
4. Amount paid for utilities: $_____
5. Other (please explain): $_____

TOTAL MONTHLY EXPENSES: $_____

D. Please list and explain any other relevant obligations such as education, medical, or debt servicing:

Description of Obligation	Total Obligation	Monthly Obligation
1._____	$_____	$_____
2._____	$_____	$_____
3._____	$_____	$_____

3. Acknowledgment:

I affirm that this is a true and accurate representation of my financial resources and burdens.

_____
Signature of applicant Date

State of _____

County of _____

Signed and sworn to before me this ____ day of _____, 20 _____.

_____
Signature of Notary Public

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