

Redacted

APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM

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.

Case number: 12CA1522 Court Room: 201 District: 18

Most serious charge: _____ Next hearing date/Type: _____

All sections must be completed. Print neatly. If an item does not apply, write N/A.

Applicant	Applicant's Employer
Name: James Holmes	Company: _____
Mailing Address: _____	Mailing Address: _____
Street Address (if different): ACDP	Street Address (if different): _____
City, State, Zip: _____	City, State, Zip: _____
Phone number: _____	Phone Number: _____ Position: _____
Soc. Sec. No.: _____ Birthdate: 12/13/87	Length of Employment: _____ Hours/Week: _____
Driver's License No.: _____ State: _____	Pay Dates: _____ Pay Rate: \$ _____

Other Household Members (Spouse, Parent, etc.)	Other Household Member's Employer
Name: _____	Company: _____
Relation to Applicant: _____	Mailing Address: _____
Mailing Address: _____	Street Address (if different): _____
Street Address (if different): _____	City, State, Zip: _____
City, State, Zip: _____	Phone Number: _____ Position: _____
Phone number: _____	Length of Employment: _____ Hours/Week: _____
Soc. Sec. No.: _____ Birthdate: _____	Pay Dates: _____ Pay Rate: \$ _____
Driver's License No.: _____ State: _____	

Marital Status: Single Married Separated Divorced Total Number of Dependents (including yourself): _____

Gross Monthly Income	Amount	Monthly Expenses	Amount
Self	\$	Rent/Mortgage	\$
Spouse/Other Household Members	I/c	Groceries	
Parents (if same household)		Utilities	
Unemployment		Clothing	
Social Security/Retirement Funds		Alimony/Maintenance and/or Child Support	
Food Stamps/Public Assistance		Medical Expenses	
Alimony/Maintenance and/or Child Support		Credit/Other Loans	
Other Income		Local/State/Federal Taxes	
		Other Court-Ordered Expenses	
Total Household Income	\$	Total Expenses	\$

Assets	Amount	Description
Savings Account Balance	\$	Name of Bank: _____
Checking Account Balance		Name of Bank: _____
Value of Vehicles		Year and Model: _____
Value of Recreation Vehicles		Amount Owed: \$ _____
Value of House		Type: _____
Value of Other Property		Type: _____
Value of Stocks, Bonds, Mutual Funds		Type: _____
Value of Other Investments		Year and Model: _____
Total Assets	\$	Convertible to Cash = \$

References:
1. Name/Address/Phone _____
2. Name/Address/Phone _____

Guidelines:
 At or below or Above or
 Automatically eligible for PD/GAL/RPC In custody &/or bond allowed Out on bond) or
 Refer to scoring instrument (Criminal Misdemeanor/Traffic, Juvenile Delinquency cases)

Signature of investigator/clerk/PD: Paul K. Date: 7/20/12

I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.

Client Signature: James Holmes Date: 7/20/12

Signature of judicial officer: _____ Date: _____

Request: granted or denied

