APPLY ONLINE! PUBLICDEFENDER.MT.GOV/CLIENTS

MONTANA STATE PUBLIC DEFENDER APPLICATION

Applicant Name	Birthdate (M/D/Y)	Social Security Number (R	equired)		
Email Address (required to access online client portal)	Are you in iail? If s	Are you in jail? If so, where?			
Email Madress (regained to decess of thine offert portary					
Have you ever served in the military?	Check if you currently receive the following benefits:				
□ Yes □ No	SNAP TANF				
Street Address		Mailing Address if Different			
City, State, Zip	City, State, Zip	City, State, Zip			
Cell Phone Number (required to access client portal)	Other Contact Pho	Other Contact Phone Number			
How would you like to receive case-related reminders and	d documents?				
☐ Email ☐ Mail/US Postal Service					
Names of ALL OTHER people living in the household, incl	luding Age and Relation	onship			
In what city or town is your case?					
MONTHLY INCOME		ASSETS			
Your Employment	Gross Wages	Cash on hand	\$		
Employer (name)	\$	Checking Account(s)	\$		
Addt'l Employer (name)	\$	Savings Account(s)	\$		
Other Household Member Employment	Gross Wages	Business Account(s)	\$		
Employer (name)	\$	CDs, IRAs, or 401K	\$		
Addt'l Employer (name)	\$	Stocks or bonds	\$		
Other Monthly Income for Household	Amount	Trusts or other	\$		
Self-employment (company name)	\$	Location/description of al	l real estate owned:		
Social Security	\$				
SSI/SSDI	\$				
Veteran's Benefits and disability %:	\$	Motor vehicles, ATVS, boa			
Unemployment	\$	(Continue on back if more	than one)		
Worker's Compensation	\$	Year			
Retirement/Pension	\$ \$	Make/Model			
Rental Income Other Income (describe)	\$	Amount owed Value			
other income (describe)	۶	value			
You must attach documentation for all household members' income and claiming no income or benefits, you MUST provide a written explanation.	·		-		
Eligibility - False Swearing I believe I am financially unable to employ an attorney and I agree to properly authorize the Office of the State Public Defender to access any in determine my eligibility for public defender services. I am also aware the bound by law or agreement with DPHHS to protect or preserve its conficinformation is released by DPHHS. I hereby release DPHHS from any claim information.	nformation about me DPHH at although the entities requ dentiality, DPHHS cannot as	S has in connection with the SNAF uesting and receiving confidential sure that confidentiality will be m	P and TANF programs to DPHHS information are aintained after this		
I understand the information in this Application will be used to determine information provided in this application may result in a separate criminal services, and there is a change to my financial status that would allow more local Public Defender office.	al charge for perjury. I also u	inderstand if I am approved to rec	eive Public Defender		
I declare under penalty of perjury that the information provided in this a	application is true and corre	ct.			
Signature (Required)	Date (Required)	_	Revised April, 2020		

MONTHLY EXPENSES

Housing 🗖 Rent 🗖 Mortgage	\$
Utilities - Gas, Electric, etc	\$
Phone	\$
Food	\$
Child Care	\$
Vehicle Loan Payments	\$
Gas (Vehicle)	\$
SCRAM/Monitoring Fees	\$
Student Loan Payments	\$
Child Support Paid	\$
Insurance - Health	\$
Insurance - Vehicle	\$
Internet	\$

Other Expenses (Minimum Monthly Payment)

Medical	\$
Collections	\$
Court Fees/Fines/Restitution	\$
Credit Cards	\$
Other Expense - Describe	\$

Additional Motor Vehicles, ATVs, Boats, Trailers, etc.

Year	
Make/Model	
Amount owed	\$
Value	\$

Additional Motor Vehicles, ATVs, Boats, Trailers, etc.

Year		
Make/Model		
Amount owed	•	\$
Value		\$

GENERAL INFORMATION

An email address or cell phone number are required to access the online client portal for information about your case. You may also receive other important communications from OPD by text or email.

Questions: If you have any questions or need help completing your application, please contact your local office.

Further Documentation: You may be required to provide further documentation of income, expense and asset information. If you are completing this application with no income or benefit information, you must explain your circumstances in writing. Attach the explanation to this application.

If You are in Jail: Complete the application with your *usual* monthly income, asset and expense information, when you are not incarcerated and include all household member information. Do not use the detention facility as your contact information.

You must report any changes in income or financial status that would allow you to hire a private attorney at any time during your case to your local Public Defender office.

Failure to provide a complete application and/or requested documentation may result in the denial of your application and the loss of your public defender.

PLEASE RETURN BY FAX, WALK IN OR MAIL TO YOUR LOCAL OFFICE

OR

Fax: 406-496-6098

Email: OPDApplication@mt.gov