## STATE OF MICHIGAN CASE NUMBER and JUDGE JUDICIAL DISTRICT **REQUEST FOR APPOINTMENT OF** JUDICIAL CIRCUIT ATTORNEY AND ORDER ORI Court address Court telephone number MI-Defendant's name, address, and telephone number THE PEOPLE OF The State of Michigan V E-mail address REQUEST The defendant requests the appointment of an attorney and submits the following information: **1. CHECK ALL THAT APPLY** $\Box$ I am under the age of 18. I receive public assistance. I am currently serving a sentence in jail or prison. I am receiving residential treatment in a mental health or substance abuse facility. **3. RESIDENCE** 2. CHARGE Live with relative(s) Room/Board Misdemeanor Felonv Paternity Rent Own **4. MARITAL STATUS** Next hearing: Single Date Married Separated Bail amount: \$ Bond posted 5. INCOME Employer name and address Length of employment Average take-home pay \$\_\_\_\_ every two weeks weekly monthly Other Income State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.). 6. ASSETS\* State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc. 7. OBLIGATIONS\* Itemize monthly rent, installment payments, mortgage payments, child support, etc. **8. ATTORNEY COSTS** I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time. Signature: Date: \*Use other side for additional information/comments. Approved, SCAO Distribute form to: Form MC 222, Rev. 12/21 Court Appointed attorney

Defendant Appointing authority Request for Appointment of Attorney and Order (12/21) Page 2 of 2

ORDER

 $\Box$  9. The request is denied because:

- □ 10. The defendant is referred to the local appointing authority for indigency screening and appointment of an attorney, if appropriate.
- 11. The defendant is financially unable to retain an attorney and is referred to the local appointing authority for appointment of an attorney.

12	is appointed to represent the defendant
Name	Bar number.
in this paternity action.	

Judge signature and date