

**FORMS**

**CHAPTER 276**

**APPOINTMENT OF COUNSEL AND FINANCIAL STATEMENTS**

IN THE MATTER OF APPLICATIONS  
FOR APPOINTMENT OF COUNSEL AND  
FINANCIAL STATEMENTS



REPORT OF THE  
SUPREME COURT

TO: BURNETTE E. KOEBERNICK, ACTING SECRETARY OF THE LEGISLATIVE  
COUNCIL OF THE STATE OF IOWA:

Pursuant to Iowa Code sections 602.4201 and 602.4202 (Supp. 1983), the Supreme Court of Iowa has prescribed and hereby reports to the Legislative Council the attached Exhibits A, B, and C, constituting Applications for Appointment of Counsel and Financial Statements, which have been issued on this date. Pursuant to Iowa Code section 602.4202(3) (Supp. 1983), these forms are to take effect on July 1, 1985.

Respectfully submitted,  
THE SUPREME COURT OF IOWA

/s/ W. W. Reynoldson  
W. W. REYNOLDSON, Chief Justice

Des Moines, Iowa  
February 21, 1985

ACKNOWLEDGMENT

I, the undersigned, Acting Secretary of the Legislative Council of the State of Iowa, hereby acknowledge delivery to me on the twenty-first day of February, 1985, of the Report of the Supreme Court pertaining to Applications for Appointment of Counsel and Financial Statements.

/s/ Burnette E. Koebernick  
Acting Secretary of the Legislative Council

EXHIBIT "A"

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

STATE OF IOWA,

Plaintiff,

v.

Defendant.

Criminal No. \_\_\_\_\_

APPLICATION FOR APPOINTMENT OF COUNSEL AND FINANCIAL STATEMENT

I, \_\_\_\_\_, state that I am accused of the crime of \_\_\_\_\_ and request that the court appoint counsel to represent me at public expense. I realize that I may be required to repay in whole or in part any public funds expended for this purpose. The following financial statement is submitted in support of my application:

Current mailing address: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

Marital status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_

Name of husband/wife: \_\_\_\_\_ Live with husband/wife Yes \_\_\_ No \_\_\_

If no, length of physical separation from husband/wife: \_\_\_\_\_

Number and ages of dependents: \_\_\_\_\_

How long a resident of this county: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Former employer: \_\_\_\_\_

Address: \_\_\_\_\_

Weekly take-home (net) earnings: \$ \_\_\_\_\_ Weekly gross earnings \$ \_\_\_\_\_

Total gross income for past 12 months: \$ \_\_\_\_\_

Are you now in jail? \_\_\_ Do you have a job to go to? \_\_\_\_\_

If so, where and at what wages? \_\_\_\_\_

Bank with: \_\_\_\_\_ Address: \_\_\_\_\_

Balance personal bank account: \$ \_\_\_\_\_

Balance account in name of husband/wife: \$ \_\_\_\_\_

Balance joint account with husband/wife: \$ \_\_\_\_\_

Balance joint account with any other person(s): \$ \_\_\_\_\_

What is your average monthly living expense (clothing, food, housing, transportation, other)? \$ \_\_\_\_\_ Does any person pay all or any portion of these expenses: Yes \_\_\_ No \_\_\_

If yes, who pays these costs and how much do they contribute? \_\_\_\_\_

Motor vehicles: Give make, year, present value, amount owing thereon, if any, and whether registered or titled in your name, name of husband/wife or jointly with another: \_\_\_\_\_

List all sources of income, in your name, name of husband/wife or jointly shared with another, including salary (net wages), pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements or others: \_\_\_\_\_

ADC or welfare relief, if any, in your name, name of husband/wife or jointly shared with another: \_\_\_\_\_

List all sources of public assistance, if any, including ADC, unemployment compensation, heating assistance, food stamps: \_\_\_\_\_

Real estate owned in your name, name of husband/wife or jointly shared with another (describe): \_\_\_\_\_

Other assets in your name, name of husband/wife or jointly shared with another (stereo, TV, furniture, trust funds, notes, bonds, stocks, savings certificates, life insurance, other): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Are you a beneficiary or heir in an estate of a person deceased? \_\_\_\_\_

List all debts or unpaid bills, including money owed for such things as: Housing, food, clothing, transportation (car, gas), utility costs, medical and dental services and other items, be specific: \_\_\_\_\_

Does anyone owe you money or have any property belonging to you? \_\_\_\_\_

Give details in full: \_\_\_\_\_

Do you have a judgment against anyone: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name, date, court and amount: \_\_\_\_\_

Are you free on bond: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name(s) and addresses of sureties: \_\_\_\_\_

If surety company, who paid bond premium: \_\_\_\_\_

Have you or anyone else employed or offered to employ an attorney for you in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much has the attorney been paid by you or for you? \$ \_\_\_\_\_

Who can verify this information: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the

foregoing statements are true and correct to the best of my knowledge, and are made in support of my request that the court appoint legal counsel for me because I am financially unable to employ counsel.

\_\_\_\_\_

The State of Iowa:

- \_\_\_\_\_ does not object to the appointment of counsel.
- \_\_\_\_\_ objects to the appointment of counsel and requests a hearing on the application.

Dated: \_\_\_\_\_, 19\_\_\_\_\_.

(Assistant \_\_\_\_\_ County Attorney)

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

STATE OF IOWA,

Plaintiff,

v.

\_\_\_\_\_  
Defendant.

Criminal No. \_\_\_\_\_

**ORDER ON APPLICATION FOR  
APPOINTMENT OF COUNSEL AND  
FINANCIAL STATEMENT**

ORDER

Application is set for hearing at \_\_\_\_\_ o'clock a.m./p.m., the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

ORDER

Defendant's request for appointment of counsel is approved/denied.  
\_\_\_\_\_ is appointed to serve as counsel for the defendant.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

EXHIBIT "B"

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

IN THE INTERESTS OF

No. \_\_\_\_\_

APPLICATION FOR APPOINTMENT OF COUNSEL AND FINANCIAL STATEMENT (Juvenile Proceedings)

A Child.

I, \_\_\_\_\_, state that I am the (parent) (guardian) (custodian) of \_\_\_\_\_, a child, and request that the court appoint counsel to represent (me)(the child) at public expense. I realize that I may be required to repay in whole or in part any public funds expended for this purpose. The following financial statement is submitted in support of my application:

Current mailing address: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

Marital status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_

Name of husband/wife: \_\_\_\_\_ Live with husband/wife Yes \_\_\_ No \_\_\_

If no, length of physical separation from husband/wife: \_\_\_\_\_

Number and ages of dependents: \_\_\_\_\_

How long a resident of this county: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Former employer: \_\_\_\_\_

Address: \_\_\_\_\_

Weekly take-home (net) earnings: \$ \_\_\_\_\_ Weekly gross earnings \$ \_\_\_\_\_

Total gross income for past 12 months: \$ \_\_\_\_\_

Bank with: \_\_\_\_\_ Address: \_\_\_\_\_

Balance personal bank account: \$ \_\_\_\_\_

Balance account in name of husband/wife: \$ \_\_\_\_\_

Balance joint account with husband/wife: \$ \_\_\_\_\_

Balance joint account with any other person(s): \$ \_\_\_\_\_

What is your average monthly living expense (clothing, food, housing, transportation, other)? \$ \_\_\_\_\_ Does any person pay all or any portion of these expenses: Yes \_\_\_ No \_\_\_

If yes, who pays these costs and how much do they contribute? \_\_\_\_\_

Motor vehicles: Give make, year, present value, amount owing thereon, if any, and whether registered or titled in your name, name of husband/wife or jointly with another: \_\_\_\_\_

List all sources of income, in your name, name of husband/wife or jointly shared with another, including salary (net wages), pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements or others: \_\_\_\_\_

ADC or welfare relief, if any, in your name, name of husband/wife or jointly shared with another: \_\_\_\_\_

List all sources of public assistance, if any, including ADC, unemployment compensation, heating assistance, food stamps: \_\_\_\_\_

Real estate owned in your name, name of husband/wife or jointly shared with another (describe): \_\_\_\_\_

Other assets in your name, name of husband/wife or jointly shared with another (stereo, TV, furniture, trust funds, notes, bonds, stocks, savings certificates, life insurance, other): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Are you a beneficiary or heir in an estate of a person deceased? \_\_\_\_\_

List all debts or unpaid bills, including money owed for such things as: Housing, food, clothing, transportation (car, gas), utility costs, medical and dental services and other items, be specific: \_\_\_\_\_

Does anyone owe you money or have any property belonging to you? \_\_\_\_\_

Give details in full: \_\_\_\_\_

Do you have a judgment against anyone: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name, date, court and amount: \_\_\_\_\_

Have you or anyone else employed or offered to employ an attorney for (you) (the child) in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much has the attorney been paid by you or for you? \$ \_\_\_\_\_

Who can verify this information: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the foregoing statements are true and correct to the best of my knowledge, and are made in support of my request that the court appoint legal counsel for (me) (the child) because I am financially unable to employ counsel.

\_\_\_\_\_

The State of Iowa:

\_\_\_\_\_ does not object to the appointment of counsel.  
\_\_\_\_\_ objects to the appointment of counsel and  
requests a hearing on the application.

Dated: \_\_\_\_\_, 19\_\_\_\_\_.

(Assistant \_\_\_\_\_ County Attorney)



IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

IN THE INTERESTS OF

No. \_\_\_\_\_

\_\_\_\_\_  
A Child.



ORDER ON APPLICATION FOR  
APPOINTMENT OF COUNSEL AND  
FINANCIAL STATEMENT  
(Juvenile Proceedings)

ORDER

Application is set for hearing at \_\_\_\_\_ o'clock a.m./p.m., the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

ORDER

Applicant's request for appointment of counsel is approved/denied.  
\_\_\_\_\_ is appointed to serve as counsel for \_\_\_\_\_.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

EXHIBIT "C"

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_  
Plaintiff,  
  
v.  
  
\_\_\_\_\_  
Defendant.



No. \_\_\_\_\_

APPLICATION FOR APPOINTMENT  
OF COUNSEL AND FINANCIAL  
STATEMENT

(General)

I, \_\_\_\_\_, state that I am \_\_\_\_\_ in the above pro-  
ceeding and request that the court appoint counsel to represent \_\_\_\_\_ at  
public expense. I realize that I may be required to repay in whole or in part any public funds  
expended for this purpose. The following financial statement is submitted in support of my  
application:

Current mailing address: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

Marital status: Single  Married  Divorced  Widow(er)

Name of husband/wife: \_\_\_\_\_ Live with  
husband/wife Yes  No

If no, length of physical separation from husband/wife: \_\_\_\_\_

Number and ages of dependents: \_\_\_\_\_

How long a resident of this county: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Former employer: \_\_\_\_\_

Address: \_\_\_\_\_

Weekly take-home (net) earnings: \$ \_\_\_\_\_ Weekly gross earnings \$ \_\_\_\_\_

Total gross income for past 12 months: \$ \_\_\_\_\_

Bank with: \_\_\_\_\_ Address: \_\_\_\_\_

Balance personal bank account: \$ \_\_\_\_\_

Balance account in name of husband/wife: \$ \_\_\_\_\_

Balance joint account with husband/wife: \$ \_\_\_\_\_

Balance joint account with any other person(s): \$ \_\_\_\_\_

What is your average monthly living expense (clothing, food, housing, transportation,  
other)? \$ \_\_\_\_\_ Does any person pay all or any portion of these  
expenses: Yes  No

If yes, who pays these costs and how much do they contribute? \_\_\_\_\_

Motor vehicles: Give make, year, present value, amount owing thereon, if any, and whether registered or titled in your name, name of husband/wife or jointly with another: \_\_\_\_\_

List all sources of income, in your name, name of husband/wife or jointly shared with another, including salary (net wages), pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements or others: \_\_\_\_\_

ADC or welfare relief, if any, in your name, name of husband/wife or jointly shared with another: \_\_\_\_\_

List all sources of public assistance, if any, including ADC, unemployment compensation, heating assistance, food stamps: \_\_\_\_\_

Real estate owned in your name, name of husband/wife or jointly shared with another (describe): \_\_\_\_\_

Other assets in your name, name of husband/wife or jointly shared with another (stereo, TV, furniture, trust funds, notes, bonds, stocks, savings certificates, life insurance, other): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Are you a beneficiary or heir in an estate of a person deceased? \_\_\_\_\_

List all debts or unpaid bills, including money owed for such things as: Housing, food, clothing, transportation (car, gas), utility costs, medical and dental services and other items, be specific: \_\_\_\_\_

Does anyone owe you money or have any property belonging to you? \_\_\_\_\_

Give details in full: \_\_\_\_\_

Do you have a judgment against anyone: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name, date, court and amount: \_\_\_\_\_

Have you or anyone else employed or offered to employ an attorney for \_\_\_\_\_ in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much has the attorney been paid by you or for you? \$ \_\_\_\_\_

Who can verify this information: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the foregoing statements are true and correct to the best of my knowledge, and are made in support of my request that the court appoint legal counsel for \_\_\_\_\_ because I am financially unable to employ counsel.

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The State of Iowa:

\_\_\_\_\_ does not object to the appointment of counsel.  
\_\_\_\_\_ objects to the appointment of counsel and  
requests a hearing on the application.

Dated: \_\_\_\_\_, 19\_\_\_\_\_.

(Assistant \_\_\_\_\_ County Attorney)

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_  
Plaintiff,  
v.  
\_\_\_\_\_  
Defendant.



No. \_\_\_\_\_

**ORDER ON APPLICATION FOR  
APPOINTMENT OF COUNSEL AND  
FINANCIAL STATEMENT  
(General)**

ORDER

Application is set for hearing at \_\_\_\_\_ o'clock a.m./p.m., the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

ORDER

Applicant's request for appointment of counsel is approved/denied.  
\_\_\_\_\_ is appointed to serve as counsel for \_\_\_\_\_.  
Dated: \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate