

STATE OF MICHIGAN COUNTY OF MACOMB 16TH JUDICIAL CIRCUIT	PETITION FOR APPOINTMENT OF COUNSEL (JUVENILE)	FID No.: _____ Circuit Court No.: _____
In the Matter of: _____ Name of Juvenile		
Street Address _____		DOB _____
Location of Juvenile: _____ City, State, Zip Code		

APPOINTMENT INFORMATION

PETITION FOR COURT APPOINTED COUNSEL REQUEST FOR:

Juvenile _____
 Legal Father _____
 Natural Father _____
 Natural Mother _____
 Putative Father _____

PARENT INFORMATION (MOTHER)

Mother/Guardian Name _____	Social Security number _____	Date of Birth _____ / ____ / ____
Mother/Guardian Street Address _____	City _____	State _____ Zip Code _____
Your Phone Number _____	Present Employer _____	Employer's Phone Number _____
\$ _____ Weekly Take-home Pay	Your Bank _____	\$ _____ Other Income
Things you own and their value _____		Debts which you must pay (describe type of debt). _____

PARENT INFORMATION (FATHER)

Father/Guardian Name _____	Social Security number _____	Date of Birth _____ / ____ / ____
Father/Guardian Street Address _____	City _____	State _____ Zip Code _____
Your Phone Number _____	Present Employer _____	Employer's Phone Number _____
\$ _____ Weekly Take-home Pay	Your Bank _____	\$ _____ Other Income
Things you own and their value _____		Debts which you must pay (describe type of debt). _____

REQUEST FOR INTERPRETER

Type of interpreter: American Sign Language (ASL) or Language – Language and Dialect _____

Date and Time of First Appearance _____ Judge who will be conducting proceeding _____ Court _____

I request the appointment of assigned counsel for the defense of my pending criminal matter. I am indigent and have no means with which to secure counsel myself. I authorize the courts and the Judicial Aide Department to verify this information and obtain any other information regarding my financial condition and employment they desire in their sole discretion. I give the Judicial Aide and its agents permission to contact any credit reporting agency and review any credit report from any credit reporting agency. **I agree to reimburse the County of Macomb all monies expended on my behalf for attorney and defense costs in this matter;** and, if I am unable to repay those attorney fees, and defense costs in full, I will enter into a reimbursement payment plan at a rate in accordance with my ability to pay. I understand that any bond posted in my name may be applied to victim restitution, court costs, attorney fees and defense costs, before the balance, if any, is returned. I understand that MCL 600.4801 and MCL 600.4803 provide for imposition of a 20% late fee for any amounts due and owing if not paid within 56 days of the due date.

VERIFICATION UNDER MCR 2.114: I declare that I have read and understand all statements written above and that all information provided is true to the best of my information, knowledge, and belief.

Signature of Juvenile _____ Signature of Parent/Guardian _____ Date _____