# Request For Appointment of Attorney

Where a person faces a criminal charge and is "financially unable to retain" an attorney and "cannot afford competent qualified legal counsel without substantial hardship to themselves or to their dependents," then they may qualify for Assigned Counsel.

Defendants requesting Appointment of an Attorney must complete a request form. Information is provided to the Court so that it may determine indigency. The determination is made by reviewing presented information about available assets and financial ability of a defendant to retain competent qualified legal counsel. Determination is made on a case-by-case basis. Defendant's complete and sign a Request For Appointment of Attorney and Order (MC 222):

STATE OF MICHIGAN	CASE NO. and JUDGE			and JUDGE	
JUDICIAL DISTRICT JUDICIAL CIRCUIT	REQUEST FOR APPOINTMENT OF ATTORNEY AND ORDER				
ORI Court	address				Court telephone no.
MI-					
THE PEOPLE OF			Defendant's name, addre	ess, and telepho	ne no.
The State of Michigan		v			
			E-mail address		
		QUE	ET		
The defendant requests the appointm				formation	
The defendant requests the appointm	ent of an attorney an	u su	braits the following in	iormation.	]
1. CHECK ALL THAT APPLY I am under the age of 18.			I receive public ass	istance	
I am currently serving a sentence	e in jail or prison.		I am receiving resid	dential treatn	nent in a mental health or
,,,,,,, _			substance abuse fa		
2. CHARGE			3. RESIDENCE		Live with relative(s)
Misdemeanor Felony	Paternity		Rent	Own	Room/Board
		4	4. MARITAL STATUS	6	
Next hearing:					Dependents:
Bail amount: \$	Bond poste	d	Married	Separated	Number
5. INCOME Employer name and address		_	ength of employment		
		5	Average take-home p	av \$	
				monthly	every two weeks
Other Income State monthly amount and sou	urce (MDHHS, VA, rent, pr	ension	,		
			-,,,,,,,,,,,,,,		
6. ASSETS* State value of car, home, ba	ink deposits, inmate accou	unts, b	onds, stocks, etc.		
7. OBLIGATIONS* Itemize monthly ren	t, installment payments, m	ortga	ge payments, child suppor	rt, 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.					
	, ,				
Date:		Sig	nature:		
<u> </u>					
*Use other side for additional information/comm	nents.				
Approved, SCAO			Distribute form to: Court	A	pointed attorney
Form MC 222, Rev. 12/21 MCR 3.951, MCR 6.005, MCR 6.610(D).(G), MCR 6.625			Defendant	App	Jointed attorney

Appointing authority

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Form MC 222 collects self-reported information from the Defendant concerning assets, income, and ability to pay, which can be considered to determine indigency.

The Defendant's signature acknowledges the information submitted. It also confirms that the Defendant may be required to contribute to the cost of the attorney if the request is granted. An order of reimbursement or contribution may follow.

The Court is required to sign the second page of the form. In Macomb County, the Court would check either box 9, (if the request is denied), or box 11, (for appointment of an attorney due to indigency).

Request for Appointment of Attorney and Order (12/21) Page 2 of 2	Case No.		
ORD 9. The request is denied because:	ER		
10. The defendant is referred to the local appointing auth appropriate.	ority for indigency screening and appointment of an attorney, if		
11. The defendant is financially unable to retain an attorney of an attorney.	y and is referred to the local appointing authority for appointment		
□ 12 in this paternity action.	Bar no. Bar no.		
	Judge signature and date		

### Form JA 003

An alternative form is the JA 003, "Notice of Felony Appointment/Petition For Appointment of Counsel (Felony)." This is used by a number of District Courts in Macomb County for felony cases where the Defendant requests appointment of an attorney.

This JA 003 form collects information about the Defendant and Co-Defendant, but is not as detailed in its request for information concerning assets and income of the Defendant. Defendant's signature verifies the information and the notice about possible repayment of defense costs.

Form JA 003 highlights certain information including:

- PCC date & time
- Preliminary Exam date and time
- Need for Interpreter

JA 003 form requests less detailed financial information than its sister form MC 222. Both the form MC 222 and JA 003 are a starting point for judicial inquiry and determination about whether a Defendant is indigent and eligible for appointed counsel.

## Request For Appointment of Attorney

STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT	NOTICE OF FELONY ARRAIGNMENT/ PETITION FOR APPOINTMENT OF COUNSEL (FELONY)			Dist. Ct. No: Cir. Court No: Judicial Aide Acct:	
PEOPLE OF THE STATE OF MICHIGAN		v			
Defendant retained att					

### THIS SECTION TO BE COMPLETED BY COURT/JAIL PERSONNEL

Alias(es) or AKA			Co-defendant(s)		
Driver's license/ID number		Social Security	Number	Date of Birth	
		,			
Charge(s) and statute number(s)					
Bond Information:					
Amount Se	t	Personal, cash	, surety, 10%	Posted by	
Judge			Court		
-					
Probable Cause Conference:	Dette		at		
	Date		Time		
Preliminary Examination:			at		
	Date		Time		
REQUEST FOR INTERPRETER					
Type of Interpreter: American Sign Language (ASL) Language – Language and Dialect					
Date and time of first appearance		Judge who wi	II be conducting proceeding	) Court	

#### THIS SECTION TO BE COMPLETED BY OR FOR DEFENDANT

Address (Street)	City	State Zip Code
Your phone number	Present employer	Employer's phone
S Weekly take-home pay	Your bank	S Other income

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 defendant

Date

FORM: JA 003 (12/14) Original - File; Yellow - Defendant; Email to: japetitions@macombgov.org or fax to: (586) 469-5430