



# Request For Appointment of Attorney

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)  
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Case No. \_\_\_\_\_

ORDER

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 no.  
in this paternity action.

\_\_\_\_\_  
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	<b>NOTICE OF FELONY ARRAIGNMENT/ PETITION FOR APPOINTMENT OF COUNSEL (FELONY)</b>	Dist. Ct. No: _____ Cir. Court No: _____ Judicial Aide Acct: _____
PEOPLE OF THE STATE OF MICHIGAN	v	_____

- Defendant retained attorney, \_\_\_\_\_  
 Attorney appointment requested.

**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 Set	Personal, cash, surety, 10%	Posted by
Judge _____	Court _____	
Probable Cause Conference: _____	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 will 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 _____	
\$ _____	Your bank _____	\$ _____	
Weekly take-home pay	Your bank	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