


Yakima Municipal Court		
City of Yakima, Plaintiff vs.		No. _____
Defendant (Last, First, Middle Name) _____	DOB _____	Motion & Certificate for Appointment of Attorney, and Order
		<input type="checkbox"/> In Custody? <input type="checkbox"/> Interpreter Needed?

**CASE INFORMATION**

Charges: \_\_\_\_\_ Status Conf. \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.  
 \_\_\_\_\_ Jury Trial \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.  
 Address: \_\_\_\_\_ Bench Trial/Hearing \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.  
 \_\_\_\_\_ Telephone \_\_\_\_\_

**MOTION**

I want a Public Defender. I swear or affirm under penalty of perjury that I cannot afford to hire a lawyer without substantial hardship to me or my family, that the information below is true and complete, and that I will immediately notify the Court if my financial condition changes.

Dated \_\_\_\_\_ Signed: \_\_\_\_\_

**FINANCIAL INFORMATION**

- Check this box if you receive public assistance. What Kind? \_\_\_\_\_
- 1. I support \_\_\_\_\_ people financially, including my \_\_\_\_\_ children under age 18.
- 2. I work for \_\_\_\_\_ as a \_\_\_\_\_
- 3. My spouse works for \_\_\_\_\_ as a \_\_\_\_\_
- 4. **INCOME:** My total monthly income after taxes is \$ \_\_\_\_\_  
 My spouse's total income after taxes is \$ \_\_\_\_\_  
 OUR TOTAL MONTHLY HOUSEHOLD INCOME IS \$ \_\_\_\_\_

- |                          |                 |                          |                 |
|--------------------------|-----------------|--------------------------|-----------------|
| 5. <b>ASSETS:</b>        |                 | 6. <b>DEBT/EXPENSES:</b> |                 |
| Real Estate cash value   | \$ _____        | Rent or mortgage payment | \$ _____        |
| Cash value of vehicles   | \$ _____        | Food                     | \$ _____        |
| Money in bank accounts   | \$ _____        | Utilities                | \$ _____        |
| Cash on hand or at home  | \$ _____        | Loan or charge payments  | \$ _____        |
| Other property or assets | \$ _____        | Other monthly expenses   | \$ _____        |
| <b>TOTAL</b>             | <b>\$ _____</b> | <b>TOTAL</b>             | <b>\$ _____</b> |

**IT IS HEREBY FOUND AND ORDERED:**

- Defendant is INDIGENT and the Public Defender is appointed.
- Defendant is INDIGENT BUT IS ABLE TO CONTRIBUTE toward defense costs.  
The Public Defender is appointed
- Defendant is NOT INDIGENT and his/her motion is denied.

Dated: \_\_\_\_\_ Judge/Commissioner: \_\_\_\_\_

**YOU MUST CONTACT THE PUBLIC DEFENDER LISTED ON THE BACK OF THIS FORM IMMEDIATELY (if motion is granted). FAILURE TO DO SO MAY SERIOUSLY AFFECT YOUR CASE, WHICH WILL NOT BE DELAYED BECAUSE OF YOUR FAILURE TO CONTACT YOUR ATTORNEY.**