

**Fort Peck Assiniboine and Sioux Tribes
Tribal Public Defender's Office**

Lonnie Headdress, Sr. Deputy Public Defender
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APPLICATION FOR SERVICES

Instructions: To apply for services please fill out this application completely. If a question does not apply to you, please write NA (not applicable) in the blank space. It is important that you provide accurate and current information.

When you have completed the entire form, please sign and date below and return your application to the Tribal Defenders Office **with a copy of your complaint(s) and summons.**

Name: _____ Date of Birth: ____/____/____
 First MI Last

Sex: Male Female

Address: _____

_____ Are you currently incarcerated?

_____ Yes No
 City State Zip

Home Phone: (____)____-____ Tribal Affiliation: _____ Tribal Member

Employer: _____ Descendant

Work Phone: (____)____-____ Tribe: _____

I, _____, am an applicant for services from the Fort Peck Tribal Defenders Office. By placing my signature below, I understand I am verifying the information I have provided on the application for assistance is true and accurate.

_____ Signature

_____ Date

- I have been charged with:
- a Class A misdemeanor
 - a Felony
 - Both

Please list all of your charges pending in the Fort Peck Tribal Court:

Case Number:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Court Appearance

Date

Time

1. Arraignment

____/____/____

11:00 A.M.

2. Pre-trial

____/____/____

3. Trial (Jury/Bench)

____/____/____

4. Other: _____

____/____/____

STATEMENT OF THE CASE:

**Fort Peck Assiniboine and Sioux Tribes
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Financial Statement

Name: _____

I state that my annual gross family income is \$ _____ per month/year.

There are _____ people living with me in my household as my dependents.

By placing my signature below, I understand I am verifying that the information I have provided is true and accurate. A false representation on this form may subject the applicant to penalty of perjury under the Fort Peck Comprehensive Code of Justice.

Dated this _____ day of _____, 20____.

Defendant

Tribal Defenders Office Use Only

Based on the above statements:

- (1) _____ The Defendant qualifies for representation without charge or
- (2) _____ The Defendant does not qualify for representation

Dated this _____ day of _____, 20____.

Tribal Defender