

**Fort Peck Assiniboine and Sioux Tribes  
Office of the Tribal Public Defender**

PO Box 1027  
Poplar MT 59255  
PH: (406) 768-2470, FAX: (406) 768-3576

**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. **Eligibility for Indigent Services is determined by the 125% of the Federal Poverty Level Guidelines** (See <https://fptc.org/public-defender-program/>). 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:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**\*Home Phone:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

**\*Cell Phone:** \_\_\_\_\_ **Are you currently employed?** \_\_\_\_\_

**Tribal Affiliation (Please Check One Box):** **Are you currently incarcerated?** \_\_\_\_\_

- ☐ Ft. Peck A&S Tribal Member
- ☐ Ft. Peck A&S Associate Member
- ☐ Other (Print Tribe's Name):  
\_\_\_\_\_

\*Home and/or Cell Phone must be a valid number you can be reached at for question. Failure to reach you is grounds for terminating representation.

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

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**Client's Signature**

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**Date**

**I have been charged with:**

☐ Class A Misdemeanor

☐ Felony

☐ Both

**Case Number:**

**List your charges pending in the Fort Peck Tribal Court:**

Example: 1234-12-12

Severe Physical Domestic Abuse

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

**Court Appearances**

**Date**

**Time**

- |                           |                |                   |
|---------------------------|----------------|-------------------|
| 1. Arraignment            | ____/____/____ | 11:00 AM/ 1:00 PM |
| 2. Pre-Trial              | ____/____/____ | _____             |
| 3. Trial (Jury/Bench)     | ____/____/____ | _____             |
| 4. Other (Explain): _____ | ____/____/____ |                   |

**STATEMENT REGARDING THE ABOVE MENTION CASE(S):**

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**WITNESSES:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

## **RETAINER AGREEMENT**

**The Undersigned Client (henceforth Client) engages the undersigned Fort Peck Tribal Public Defender (henceforth Public Defender) for legal representation in the above mentioned matter(s) of this application for services. The following are rules the Office of the Tribal Public Defender will adhere to when representing you as a client. Furthermore, you agree to the following rules while retaining the Office of the Tribal Public Defender for legal services.**

- 1) Public Defender will not bill the client for legal services in the above mentioned matter(s). Furthermore, the Client acknowledges the public defender is acting in the capacity as a civil servant for the Fort Peck Tribes and not in his/her individual capacity as a lay advocate or attorney.
- 2) Client will cooperate fully with Public Defender and will provide all information known by or available to take actions which Public Defender deems advisable on Client's behalf.
- 3) Client authorizes and directs Public Defender to take all actions which Public Defender deems advisable on Client's behalf.
- 4) Public Defender agrees to notify Client promptly of all significant developments and to consult with Client in advance as to any significant decisions concerning those developments.
- 5) Public Defender will represent client diligently, but makes no promises or representations as to the success of those efforts.
- 6) Public Defender may terminate representation of Client, if (1) Public Defender believes no further action is justified on behalf of Client, or (2) if Client does not cooperate with Public Defender.
- 7) Client is responsible for any cost incurred other than attorney's fees. Efforts shall be made to waive costs whenever possible.
- 8) This Application for Services does not cover an appeal. The Public Defender will determine if it is in the best interest of the Client, to appeal a decision. Furthermore, the Public Defender reserves the right to terminate representation after a decision is rendered.
- 9) Client fully understands that if this matter is scheduled for trial and Client fails to appear, the trial may be held in his/her absence if the charge(s) are misdemeanor(s) in accordance to the Fort Peck Comprehensive Code of Justice Title VI, Section 509 Absence of Defendant from Trial.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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**Client's Signature**

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**Public Defender's Signature**

**Financial Statement**

Name: \_\_\_\_\_

I state that my annual gross family income is \$\_\_\_\_\_ per month/year (circle one).

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 the criminal charge or perjury under the Fort Peck Comprehensive Code of Justice Title VII Section 425.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Client's Signature**

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**Office of the Tribal Public Defender's 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 \_\_\_\_\_

\_\_\_\_\_  
**Public Defender's Signature**