

The income of the spouse must be included even if not living with you, unless legally separated or spouse is victim.

NET INCOME – If unemployed now, list all employment for the last 12 months and attach proof.

If employed, list current income and project (12) months into the future. Proof of income must be attached.

If unemployed and no income, explain how you “get by”, where you eat, sleep. If doing “odd jobs” list projected income for next year and explain.

Zeros will not be accepted. If there is no income, explain why there is no income.

ASSETS – (1) Real Estate shall be considered in terms of the amount, which could be raised by a loan on the property.

(2) Vehicles – list amount of loan value or if paid off, list value of vehicle.

EXCEPTIONAL EXPENSES – The following **ARE NOT** exceptional expenses.

Rent, food, utilities, gas money, consumer loans or student loans.

EXCEPTIONAL EXPENSES INCLUDED BUT ARE NOT LIMITED TO :

- (1) Cost for medical care, family support obligations and child care payments.
- (2) Cost of medical care that cannot be covered by insurance.
- (3) Family support obligation must be court ordered and paid on a regular basis.
- (4) Child care must be paid on a regular basis.
- (5) Payroll garnishments.
- (6) Internal Revenue Service claims.
- (7) Court ordered attorney’s fees.
- (8) Court ordered payments.
- (9) Funeral expenses not covered by insurance.

The applicant must provide proof of the exceptional expenses incurred and proof that the payment has been made on a regular basis. If proof is provided, the regular monthly payment is multiplied by (12) months and deducted from the total income.

9-403.

STATE OF NEW MEXICO
COUNTY OF OTERO
CITY OF ALAMOGORDO
IN THE MUNICIPAL COURT

CITY OF ALAMOGORDO

v.

NO. _____

Defendant

ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES

NAME: _____

D.O.B.: _____

AGE: _____

AKA: _____

SEX: M F

SS#: _____

ADDRESS: _____

PHONE: _____

CHARGES: _____

DC# _____

MC# _____

LIVES ALONE: ___ WITH: SPOUSE ___ CHILDREN ___ PARENT ___ FRIEND ___ OTHER ___

MARITAL STATUS: SINGLE ___ MARRIED ___ DIVORCED ___ SEPARATED ___ WIDOWED ___

NUMBER OF DEPENDENTS IN HOUSEHOLD: _____

Defendant is in jail.

Defendant is not in jail.

PRESUMPTIVE ELIGIBILITY:

___ I currently do not receive public assistance.

___ I currently receive the following type of public assistance in _____ County:

DEPARTMENT OF HEALTH CASE MANAGEMENT SERVICES (DHMS) ___

TANF/GA \$ _____ Food Stamps \$ _____ Medicaid \$ _____ SSI/SSD \$ _____

Public Housing \$ _____ VA Disability \$ _____

___ Unable to complete application because of possible Mental Health/Developmental Issue of applicant.

Employed _____

Unemployed _____

NET INCOME:

SELF

SPOUSE

Employers Name : _____

Employers Phone _____

Pay period (weekly, every 2nd week, twice monthly)

\$ _____ \$ _____

Net take home pay (salary/wages minus deductions required by law)

\$ _____ \$ _____

Other income sources (please specify) _____

\$ _____ \$ _____

TOTAL ANNUAL INCOME

\$ _____ + _____ = _____ /A

ASSETS:

SELF

SPOUSE

Cash on Hand

\$ _____

Bank Accounts

\$ _____

Real Estate

\$ _____

Motor Vehicles

\$ _____

Other Personal Property

\$ _____

TOTAL ASSETS

\$ _____ + _____ = _____ /B

EXCEPTIONAL EXPENSES

(total exceptional expenses of dependents):

Medical Expenses (not covered by insurance)

\$ _____

Medical Insurance Payments (receipts required)

\$ _____

Court-order support payments/alimony

\$ _____

Child-care payments (e.g. day care)

\$ _____

Other (describe) _____

\$ _____

TOTAL EXCEPTIONAL EXPENSES

\$ _____

= _____ / C

I UNDERSTAND THAT IF IT IS DETERMINED THAT I AM NOT INDIGENT, I MAY APPEAL TO THE COURT WITHIN TEN (10) DAYS AFTER THE DATE I AM ADVISED OF THIS DECISION.

____ I wish to appeal.

____ I do not wish to appeal.

STATE OF NEW MEXICO
 COUNTY OF OTERO
 CITY OF ALAMOGORDO

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the screening agent and the court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies.

_____ Date _____ Signature of applicant

State of New Mexico)
 County of _____) ss
 City of _____)
 Signed and sworn to (or affirmed) before me on _____ (date) by
 _____ (name of applicant).

 Notary

(Seal, if any) My commission expires: _____

SCREENING USE ONLY

COLUMN "A" (net income)
 plus COLUMN "B" (assets)
 minus COLUMN "C" (exceptional expenses)
 equals AVAILABLE FUNDS = AVAILABLE FUNDS / _____

INDIGENCY TABLE:

Household size (self & dependents*)	1	2	3	4	5	6	7	8
Available Funds (monthly)	\$1,698	\$2,288	\$2,879	\$3,469	\$4,059	\$4,649	\$5,239	\$5,829

Add \$590 for each additional dependent* member

- ____ The applicant is indigent.
- ____ The applicant is not indigent.
- ____ The applicant (has) (has not) paid the \$10.00 application fee.

 Signature of screening agent Title

*(Dependent means any person who qualifies as a dependent of the applicant under Section 152 of the Internal Revenue Code.)
 Based on the above answers and information, I find that the applicant (is) (is not) indigent.
 (Complete the following only if the court has determined that the applicant is unable to pay the \$10.00 application fee).
 ____ I find that the applicant is unable to pay the \$10.00 indigency application fee, and I therefore waive the payment of the \$10.00 application fee.

 Signature of Screening Agent