| (TYPE OR PRINT IN BLACK INK) | | | | |
|---|--|--|---------------------------------|------------------------------|
| EASTERN BAND OF CHEROKEE IN | DIANS | File No. | | |
| The Cherokee Court | | Additional File Numbers: | | |
| Name of Applicant | | | | * 5 |
| | | AP | PLICATION FOR | COURT |
| Street Address of Applicant | | APPOINTED ATTORNEY | | |
| | | 1 ^ | PPOINTEDATIO | KINET |
| Permanent Mailing Address of Applicant (if Dif | ferent than Above) | | ſ | |
| | | 055 | | |
| | | Offense(s): | ta I tai | |
| Cherokee, | NC 28719 | | L | X Transfer |
| Telephone: | DOB: | | ou have other pending crin | ninal charge(s) in |
| ☐ Defendant ☐ Parent/Guardian/Trustee Roll #: | | which a lawyer has been appointed? ☐ Yes ☐ No | | |
| SSN | ☐ Has No SSN | Name of Lawyer | | |
| MONTHLY INCOME | White the same | MO | NTHLY EXPENSES | HATTER TO THE TREE BOX TO SE |
| Employment Applicant: | \$ | Number of Depe | ndents: | |
| Name and Address of Applicant's Employer: | Shelter | | \$ | |
| (If not employed, state reason; If self-employed | | | Ψ | |
| = = = | | ☐ Buying ☐ Renting | | |
| | | Food | | \$ |
| | | Utilities | | \$ |
| | | Health Care \$ | | 2 |
| ☐ Per Capita | pita \$ | | Health Care | |
| Other Income (Social Services, Food \$ | | Installment Payments | | \$ |
| Stamps, SIS, Pensions, etc.): | | ☐ Vehicle | Other | |
| Employment-Spouse: | \$ | | | \$ |
| | | Support Payments | | T |
| Name and Address of Spouse's Employer: | | Other: (specify) | | \$ |
| | | | | \$ |
| Total Monthly Income: | \$ | Total Monthly Ex | nansas | |
| CONTRACTOR OF THE PROPERTY OF | | | Terrores across | \$ |
| DESCRIPTION OF ASSETS AND LIABILITIES | | ASSETS | PARALLET STORY (AT 1844) (1971) | |
| Cash On Hand and in Bank Accounts: Money Owed To or Held for Applicant | | \$ | in the factor of | personal designation of |
| Motor Vehicles (List Make, Model, Year) | (Fair Market Value) | \$ | - | |
| Real Estate | (Fair Market Value) | \$ | (Balance Due) \$ | |
| Personal Property | (Fair Market Value) | \$ | (Balance Due) \$ | |
| Total Owed On Other Installment Accounts | - 10000 December 2000000000000000000000000000000000000 | - 100 mm - 1 | (Balance Due) \$ | |
| Last Income Tax Filed 20 Refund | \$ | (Balance Due) \$ | | |
| Last Income Tax Filed 20 Refund Owed Other | | \$ | \$ | |
| Total Assets and Liabilities: | \$ | \$ | | |
| Bond Type Amount: | Posted By Whom: | | | |
| / / / / / / / / / / / / / / / / / / / | 1 OSCOR Dy YVHOIII. | | | |

AOC-CA-100, rev 08/11 2011 The Cherokee Court

NOTE: Read the notice on the reverse side before completing form.

NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER

- When answering the questions on the Affidavit Of (reverse side of this form), please do not discuss your case with the Interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case.
- 2. A court-appointed lawyer is not free. If you are convicted or plead guilty or no contest, you may be required to repay the costs of your lawyer as part of your sentence.
- 3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to persecution for perjury.

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authrorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.

| SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME | | erning my eligibility for a court-appointed lawyer. Date | | |
|--|--|---|--|--|
| ate | Signature | Signature of Applicant | | |
| Deputy | CSC Assistant CSC Clerk of Court Magistrate | Name of Applicant (Type or Print) | | |
| Notar | Date My Commission Expires | ☐ Defendant ☐ Parent/Guardian/Trustee ☐ | | |
| | County Where Notarized | | | |
| SEA! | L | but remain dependent on and live with a parent or guardian, state | | |
| nd address | s of parent, guardian, or trustee below. | | | |
| | | Name Of Parent Guardian Or Trustee | | |
| | | | | |
| | | Address | | |
| | | | | |
| | | Cherokee, NC 28719 | | |
| | OB | DER | | |
| and from | tition submitted in this matter, it appears to the Cour the affidavit made by the applicant, and from the in | rt that the applicant named above is party to a proceeding or aquiry made by the Court, documented in the record, it is | | |
| | Is not likely to be imprisoned if he/she is convicted of the | ne offense(s) for which he/she is charged; it is ORDERED that | | |
| | the defendant's petition is denied. | | | |
| | · · · · · · · · · · · · · · · · · · · | empt, it is ORDERED that the defendant's petition is denied. | | |
| | Is not likely to be imprisoned if he/she is found in conte Is financially able to provide the necessary expenses of indigent and his/her petition is denied. | of legal representation; it is | | |
| | Is not likely to be imprisoned if he/she is found in contents in the second in contents in the second in the secon | | | |