

# Instructions

## 1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

### Include:

- Wages
- Tips
- Salaries
- Bonuses
- Alimony
- Pensions
- Royalties
- Annuities
- Dividends
- Commissions
- Capital Gains
- Severance Pay
- Trust Income
- Retirement Benefits
- Unemployment Benefits
- Independent Contractor Pay
- Social Security Disability (SSD)
- Social Sec. Supplemental Income (SSI)
- Interest/Investment Earnings
- Worker's Compensation Benefits

**Note:** Don't include income from **roommates**. Only include their incomes if you share bank accounts or commingle funds.

### Do Not Include:

- Food Stamps
- Child Support
- Public Assistance
- TANF Payments
- Subsidized Housing
- Veteran's Disability

## 2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity.


This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

## 3. Expenses

**Do not include** nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

## 4. Attach

You may have to provide the three previous month's bank statements and proof of income (like pay stubs). Don't attach original documents. You may wish to remove financial account and tax identification numbers.

JDF 208	<b>Request for a State Paid Professional</b>		
	County: _____	Division: _____	▲ Court Use Only ▲
	Case Number: _____	Courtroom: _____	

Because I (or they) can't afford one, I would like the court to provide a state paid:

Lawyer   
  *Guardian ad litem*   
  Court Visitor   
  Child & Family Investigator

For:     Me/My Case    or     Another Party. *(Fill in **their information** in sections 2-8 below.)*

**1. I understand**

- I must fill in **all** blanks. Write “No” or “None” if a blank doesn't apply.
- The court may charge a \$25 processing fee at the end of the case.
- I/They may have to repay the state for the professional's fees.

**2. Basic Information**

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

Mailing Address: \_\_\_\_\_

Street Address: *(if different)* \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Work Information**

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Pay Date(s): \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

**4. Case Information**

Next hearing: *(type and date)* \_\_\_\_\_

Most serious charge: *(criminal cases only)* \_\_\_\_\_

**5. Household Members**

Status:             Single                       Married or Civil Union Partnered  
                           Separated                       Divorced

Number of dependents: *(including yourself)* \_\_\_\_\_.

*Note - Don't list roommates. Only list household members who contribute income to the common support of the home.*

Name	Relationship	Income Before Taxes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**6. Monthly Income & Expenses**

Income Before Taxes	\$	Expenses	\$
Mine <i>(wages/ salary/ commission/ tips)</i>	\$ _____	Rent/Mortgage	\$ _____
Household Members	\$ _____	Groceries	\$ _____
Parents <i>(if same household)</i>	\$ _____	Utilities	\$ _____
Unemployment Benefits	\$ _____	Clothing	\$ _____
Social Security/Retirement	\$ _____	Maintenance/Child Support	\$ _____
Maintenance <i>(alimony)</i>	\$ _____	Medical/Dental	\$ _____
Other: _____	\$ _____	Transportation	\$ _____
Other: _____	\$ _____	Loans/Credit Cards	\$ _____
<b>Total Household Income</b>	\$ _____	<b>Total Expenses</b>	\$ _____

7. **What is Owned**

<b>Asset</b>	<b>\$ Value</b>	<b>Description of Asset</b>	<b>\$ Still Owed</b>
Savings Account	\$ _____	Bank Name: _____	
Checking Account	\$ _____	Bank Name: _____	
Vehicle	\$ _____	Year & Model: _____	\$ _____
Vehicle	\$ _____	Year & Model: _____	\$ _____
House	\$ _____	Type: _____	\$ _____
Other Property	\$ _____	Type: _____	\$ _____
Stocks, Bonds, and Mutual Funds	\$ _____	Type: _____	
Other Investments	\$ _____	Type: _____	\$ _____
<b>Total Assets</b>	\$ _____	<b>Convertible to Cash</b>	\$ _____

8. **References**

- 1) Name/Phone/Email: \_\_\_\_\_
- 2) Name/Phone/Email: \_\_\_\_\_

9. **Sign & Date**

I swear that the information contained above is true and complete.

\_\_\_\_\_

Print Your Name

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

<b>Staff Use Only:</b>	
<input type="checkbox"/> Above Guidelines	<input type="checkbox"/> At or Below Guidelines
Staff Signature: _____	Date: _____
<input type="checkbox"/> Request Granted	<input type="checkbox"/> Request Denied
Judicial Officer Signature: _____	Date: _____



## Client Support Team

**Our team is here to support YOU! How we can help:**

- Help you navigate and successfully complete pre-trial services
- Connect you to community resources for jobs, housing, treatment, recovery, and more!
- Help you sign up for benefits to help you and your family
- To listen to you, help you set goals, and support you in meeting your goals

### How to Sign Up

Complete the Client Support Team Form on the next page

**Questions? Please contact:**

LeAnn Fickes at [leann.fickes@denvergov.org](mailto:leann.fickes@denvergov.org) / 720-636-2654



## Client Support Team Form

**Need Help? Fill out this form to meet with our team!**

Our Peer Navigator and Social Worker can help with referrals to public benefits, community resources, and can help you navigate pre-trial services. All information provided and meetings are confidential. **Please complete the form below if you are interested in meeting with our Client Support Team:**

**Client info** please fill out all sections below:

**Name:**

**Cell:**

**Email:**

**Case Number:**

**Do you need an interpreter?** No Yes language\_\_\_\_\_

**Race/Ethnicity** (please select all that apply):

White African American Native American Asian/Pacific Islander Hispanic heritage Other

**Gender** male female nonbinary/other

**Help Needed** *please select all areas you'd like help in:*

Navigating Pre-Trial Services Appt/Hearing Reminders Housing/Shelter Food Assistance  
Medical Mental Health Cash Assistance Employment Child Support Child Care  
Heat Assistance Veterans Services Immigrant/Refugee Other\_\_\_\_\_

**Additional information** *Please include any other information you'd like us to know:*

### To Submit this form:

**Email to:** [public.defender@denvergov.org](mailto:public.defender@denvergov.org) **Fax to:** 720-865-2859

**Mail or Bring to our office:** City & County Building, 1437 Bannock Street, Suite 500. *Place in lockbox outside our front door.*

**Questions? Please contact:**

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