

Defendant's Name: _____ Cause No: _____

Referring Attorney: _____ Court: _____

Referring Attorney Contact Information: _____

Application for Waiver/Reduction of D.A. Memo Fee

Court Reset DATE: ____/____/____

1. You are required to bring **COPIES** of documentation *for yourself and other members* of the household you reside in, to determine eligibility for a waiver of or reduction in the memo agreement fee. *Be advised all available credit will be checked.* The following documents are required, if they apply to you:

MONTHLY INCOME:

- A. Paycheck stubs/income verification showing your income for one month (weekly = 4 paystubs; bi-weekly = 2; monthly = 1) for yourself and other household members/
- B. Assistance with your housing from the government
- C. Food Stamps
- D. Medicaid
- E. SSI/SSN
- F. Child Support (receiving)

MONTHLY LIVING EXPENSES:

- A. A copy of your leasing agreement/mortgage. If you are not the person responsible for payment, you will also need a handwritten letter from the person who is responsible indication that you reside within the home.
 - B. Utilities – Gas/Water/Electricity
 - C. Telephone bills
 - D. Car payments/Insurance
 - E. Child Support (paying)
 - F. Medical expenses
 - G. Credit Card payments
 - H. Student loans
 - I. Court ordered payments
2. Fill out the attached form in **black ink** and have it attached to your documentation. Make sure the top portion is filled out completely with DOB/SSN. Write legibly.
 3. Sign and date the form
 4. Documentation shall be submitted to the Misdemeanor Division Chief by the referring attorney.
 5. Defendant must submit the attached form with documentation 30 days prior to the execution of the memo agreement. If the paperwork is not submitted within that period, the defendant will not be considered indigent for the Memo Program and will have to pay all fees. If the Defendant submitted paperwork in time but is rejected for lack of documentation, the defendant may submit missing documents or a written explanation as to why documents do not exist within the next thirty days for reconsideration.
 6. A decision as to eligibility will be relayed to the Referring Attorney by the District Attorney.

All information is subject to verification. Falsification of information is a criminal offense

Name (PRINT) _____ Phone# _____
 DOB: _____ SS#: _____

Cause #: _____ Court: _____

Indigence Form

To determine eligibility for the Memo Agreement Program, you must complete this form.

Size of family Unit (Members family/Individuals that live within the home, List name, age & relationship)			
Name:	Age:	Relationship:	

Monthly Income	Necessary Mo. Living Expenses.
Your Salary	Rent / Mortgage/Housing/HUD
Spouse's/Other Salary	Utilities (gas, electric, water etc.)
SSI / SSDI	Transportation/Monthly Bus Pass Make: Model: Year:
Food Stamps	Clothes/Food/Food Stamps
Social Security Check	Day Care / Child Care/TANF
Child Support	Medical Expenses/Medicaid
Other Government Check	Credit Cards
Utility Check	Court-Ordered Monies (tickets/bail bond)
Other Income	Child Support
TOTAL INCOME*	TOTAL NECESSARY EXPENSES*

I swear that the above information is true and correct. Information listed above is accurate and I will immediately notify the court of any changes in my financial situation.

* All information is subject to verification. Falsification of information is a criminal offense.

Signature of Defendant _____ Date _____

Address _____

STAFF USE ONLY:

Comments: _____

TOTAL MONTHLY INCOME:	
TOTAL MONTHLY EXPENSES:	-
DIFFERENCE	=

DEFENDANT MEETS ELIGIBILITY REQUIREMENTS	
<input type="checkbox"/> WAIVED	<input type="checkbox"/> REDUCTION
<input type="checkbox"/> NOT ELIGIBLE	