

Clearinghouse Rule 10-133

OFFICE OF THE STATE PUBLIC DEFENDER (OSPD) – APPELLATE DIVISION
ELIGIBILITY EVALUATION FORM

To establish your eligibility for appointment of an attorney by the OSPD you must provide complete and accurate information about your income and assets. You must complete the entire form. The information you provide is not protected by the attorney/client privilege and it may be given to a court or other persons. Providing false information for purposes of qualifying for public defender representation is a felony. Be sure to read the certification language and sign on the line over the words "APPLICANT SIGNATURE."

Applicant's Name Social Security Number Date of Birth

Institution Name Federal, State, or County Inmate No. Telephone No.

Street Address/P.O. Box City, State, Zip

Marital status: [ ] Single/Widowed [ ] Married [ ] Divorced [ ] Divorce Filed (Date / County)

If you are married, you must include your spouse's income and assets.

Spouse's name, address, telephone number and social security number.

Name, ages and social security number of minor children in household.

Do you pay child support? If so, how much per month? Date of most recent payment:

1. INCOME: You must provide copies of documents verifying income or eligibility for government assistance.

a. [ ] Sole family income is through a needs-based government program (W-2, SSI(E), TANF, other): Name of program: Monthly amount received:

b. [ ] Wage income for you and/or spouse: Hourly wage: Hours per week: Monthly amount received:

Name, address, and phone of employer: Hourly wage: Hours per week: Monthly amount received:

Name, address, and phone of employer:

c. [ ] Unemployment compensation for you and/or spouse: Weekly amount received: Number of weeks left: Amount eligible to receive:

d. [ ] Other income received for you and/or spouse (Self-employment, SSDI, social security, pension, etc.): Type of income: Monthly amount received:

e. [ ] Unemployed (If neither you nor your spouse receive any income, list the name, address, and telephone of your last employer and explain how you are supporting yourselves.):

**2. ASSETS: You must provide copies of documents verifying value of assets.**

a. List cash on hand, bank accounts (include bank name and account number):

_____	Value: _____
_____	Value: _____
_____	Value: _____

b. List retirement accounts, pensions, stocks, bonds, etc., and name account administrator:

_____	Value: _____
_____	Value: _____

c. List vehicles (include year, make, model, and loan amounts):

_____	Equity: _____
_____	Equity: _____

d. List real estate (include address, property description – home or other, and equity):

_____	Equity: _____
_____	Equity: _____

e. List other assets with equity over \$1,000:

_____	Equity: _____
_____	Equity: _____

I have not quit my job or sold or disposed of any assets for less than fair market value to qualify for public defender representation. I certify that the information I have provided on this eligibility evaluation form is true to the best of my knowledge and belief. I will promptly inform the SPD or my appointed attorney of any material change in my income or assets. I understand that the SPD may contact other persons, organizations, or entities to obtain proof of or verify my eligibility and I authorize release of such information.

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**RETURN THIS FORM TO: SPD APPELLATE INTAKE, PO BOX 7862, MADISON, WI 53707-7862**

**THIS SECTION TO BE COMPLETED BY SPD PERSONNEL**

**Income Test**

**Automatically eligible** (Line 1(a), W-2, SSI(E) etc.)

**Total Monthly Income** \_\_\_\_\_ x 8 = \_\_\_\_\_  
(Add lines 1(b)-1(d), minus child support)

**Monthly Cost of Living** \_\_\_\_\_ x 8 = \_\_\_\_\_  
(Cost of Living = Monthly Federal Poverty Guideline per Size of Family Unit x 1.15)

**Income Available for Counsel** = \_\_\_\_\_  
(Subtract Cost of Living from Income)

**APPELLATE CATEGORY 1 = \$9000**  
**INCOME ELIGIBLE: YES/NO**

**Asset Test**

**Total Liquid Assets** 2(a) + 2(b) = \_\_\_\_\_

**Equity in Vehicles - \$10,000** 2(c) = \_\_\_\_\_

**Equity in Homestead -\$30,000** 2(d) = \_\_\_\_\_

**Equity in Other Real Estate** 2(d) = \_\_\_\_\_

**Total Other Equity > \$1000** 2(e) = \_\_\_\_\_

**Subtract \$2500** (\$2500)

**Assets Available for Counsel** = \_\_\_\_\_

**COST OF COUNSEL**

← Circle Applicable Cost → **APPELLATE CATEGORY 2 = \$4500**

**ASSET ELIGIBLE: YES/NO**

**EVALUATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_