

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH**

http://www.courts.state.nh.us

Court Name: St. v. Strafford Superior
 Case Name: St v. John Madore
 Case Number: 219-2016-CR-15
 (if known)

FINANCIAL AFFIDAVIT & APPLICATION FOR COURT APPOINTED COUNSEL

RSA: _____

Check Case Type: Homicide Felony (Non Homicide) TPR Misdemeanor Appeal
 Abuse/Neglect Misdemeanor Delinquency/CHINS Other Supreme Court Appeal

This form must be filled out completely. If an item does not apply to you enter N/A. In this affidavit & application you will swear that all the information is correct and state "I understand that I may be required to repay the services provided me by court appointed counsel unless the court finds that I am or will be financially unable to pay."

Name: John Madore

Address: 526 First Crown Point Rd. Strafford, NH

Telephone: 603-988-3311 Date of Birth: _____ Age: 25

Marital Status Single Married Divorced Separated Widowed

List dependents you personally support: (Include address if not same as yours. List relationship & age)

a. N/A c. _____
 b. _____ d. _____

1. AVAILABLE MONEY

	YOURS (A)	SPOUSES (B)
a. Cash on Hand	\$ <u>0</u>	\$ _____
b. Checking Accounts	\$ <u>0</u>	\$ _____
c. Savings Accounts	\$ <u>0</u>	\$ _____
d. Stock, Bonds, Trusts, CD's, Other (CSVLI etc.)	\$ <u>0</u>	\$ _____
TOTALS 1:	\$ <u>0</u>	\$ _____

2. INCOME

a. Salary/Wages – Take home pay (weekly _____ x 4.333=)	\$ <u>0</u>	\$ _____
b. Alimony or Maintenance Received (weekly _____ x 4.333=)	\$ <u>0</u>	\$ _____
c. Child Support Received (weekly _____ x 4.333=)	\$ <u>0</u>	\$ _____
TOTALS 2:	\$ <u>0</u>	\$ _____

3. EMPLOYMENT YOURS

a. Employer: _____
 b. Address: _____
 Check: Full Time Part Time Seasonal Full Time Part Time Seasonal

SPOUSES

4. HOUSING COSTS

a. Monthly Rent or Mortgage	\$ <u>0</u>
b. Utilities (Electricity, heat, etc)	\$ <u>0</u>
TOTALS 4:	\$ <u>0</u>

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5. MONTHLY LOAN PAYMENTS (List only loans and regular payments not listed elsewhere. NOT for monthly living expenses.)

Name	Purpose	Still Owe	Monthly Payment
_____	_____	\$ _____	\$ <u>0</u>
_____	_____	\$ _____	\$ <u>0</u>
TOTALS 5:			\$ <u>0</u>

6. OTHER PAYMENTS - Alimony Paid, Child Care, Support

Name	Purpose	Still Owe	Monthly Payment
_____	_____	\$ _____	\$ <u>0</u>
_____	_____	\$ _____	\$ <u>0</u>
TOTALS 6:			\$ <u>0</u>

7. PROPERTY

a. Do you own a house or other real estate) Yes (if yes, list) ~~No~~
Market Value \$ _____
Who holds mortgage _____ Mortgage Owed \$ _____

b. Have you sold or transferred any real estate or personal property worth \$200 or more in the last 6 months? Yes (if yes list) No

Property	To Whom Transferred	Value	Amount Received
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

8. REMARKS

PLEASE READ THIS CAREFULLY!

Initial each box to show that you have read and understand this application.

- JM I request that the court appoint an attorney to represent me as I cannot afford to retain private counsel.
- JM I understand that if an attorney is appointed to represent me, I shall be liable for all legal fees and any other court approved costs of my representation and will be ordered to repay the state according to my ability which will be determined by the Office of Cost Containment (OCC). I understand that I must contact OCC within 5 days to confirm my mailing address, verify my ability to repay and make ongoing payment and contact arrangements.
- JM I understand that if I do not agree with the eligibility findings or ability to repay decisions made by OCC, I may appeal to the court but must prove to the court that any claimed shortage of funds is total or permanent or future employment is unlikely.
- JM I understand that I am required to notify the OCC and the court of every change of address while I still owe the state for the cost of my representation. I further understand that if at any time prior to the disposition of my case, my financial condition changes, I must notify the Court and OCC immediately.

I swear that the foregoing information and answers are true to the best of my knowledge and are given to induce the state to appoint counsel to represent me because I am currently unable to retain private counsel. I have made the statements on the financial affidavit and understand that I make them under the penalty of perjury the punishment for which is imprisonment for not more than seven years. This has also been explained to me by a court officer.

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize the State of New Hampshire, Office of Cost Containment, to obtain any and all information with regard to my employment and financial condition from government agency, bank, creditor or employer.

1-11-16
Date

[Signature]
Applicant Signature

State of NH, County of Stratford

This instrument was acknowledged before me on 1-11-16 by John Madore

My Commission Expires 3-30-16
Affix Seal, if any

[Signature]
Signature of Notarial Officer / Title

BLAIR A. ROWLETT
Notary Public - New Hampshire
My Commission Expires March 30, 2016

FOR COURT USE

Application Approved: If approved this form and NE/NFL required – send to OCC.

Application Denied: If denied send this form to OCC. NE/NFL not required.

Date

Presiding Justice
(Signature required only if application denied)

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Financial Affidavit Worksheet

Enter totals listed on front of form.

STEP ONE.

Market Value of Property 7A. \$ _____

Mortgage Owed 7B. (-) \$ _____

NET VALUE OF REAL ESTATE > \$ _____

If value of real estate is equal to or greater than the amount listed on Financial Eligibility Table (OCC Fm2) then the defendant is "INELIGIBLE" for indigent defense funds. Proceed to next step regardless of results.

STEP TWO.

Available Money 1A. \$ _____

1B. (+) \$ _____

Monthly Income 2A. (+) \$ _____

2B. (+) \$ _____

TOTAL PART ONE > Line A \$ _____

Housing Costs 4. \$ _____

Monthly Loan Payments 5. (+) \$ _____

Other Payments 6. (+) \$ _____

Minimum Living Exp (Individual) (+) \$ _____ 250.00

Listed Dependents x \$100.00 (+) \$ _____

TOTAL PART TWO > Line B \$ _____

TOTAL FUNDS AVAILABLE FOR REPRESENTATION

Line A minus Line B > Line C \$ _____

If available funds for representation is equal to or greater than the amount listed on Financial Eligibility Table (OCC Fm 2) then the defendant is "INELIGIBLE" for indigent defense funds. See instruction manual.

If the defendant is "ELIGIBLE" for indigent defense funds (including eligible but liable for partial payment before trial):

Divide Line C by two (2) and enter results > Line D \$ _____

Round result of Line D down to the nearest \$5.00 value and if the amount is greater than zero (0) enter this amount on the "NOTIFICATION OF ELIGIBILITY, APPOINTMENT OF COUNSEL, NOTIFICATION OF LIABILITY & REPAYMENT ORDER" as the "First payment due" (See instruction manual for instructions on filling out NE-NFL).

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