

**STATE OF OREGON**

XXXXXX County Case No:

Oregon Court of Appeals Case No:

**AFFIDAVIT OF ELIGIBILITY AND REQUEST FOR  
COURT-APPOINTED COUNSEL**

Todd Giffen State of Oregon, Attorney General Ellen Rosenblum,  
Lane County District Attorney Alex Gardner  
Petitioner Defendant

I, the undersigned, being duly sworn, say that I am the Defendant in this case, I am asking for appointment of an attorney to represent me in this case because I cannot pay for an attorney to represent me now without causing substantial hardship to myself or my dependent family. The following information is true, and I ask the court to use the information to decide whether I can have an appointed attorney and payment of other costs at public expense. I understand that I can be required to document or verify this information. I understand failure to do so could result in my request being denied or, if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth I can be charged with a crime, and if convicted, I can be incarcerated.

**PLEASE PRINT CLEARLY & COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU--IF SOMETHING DOES NOT APPLY, WRITE "NA"**

**1. PERSONAL**

Full Name TODD (First) M (Middle) GIFFEN (Last)  
Address 405 W CENTENNIAL BLVD  
Street Address  
SPRINGFIELD, OR 97477 Phone No. (503) 967 5202  
City State Zip Area Code  
Birthdate 03/13/1985 Sex: ☐ Female ☒ Male Social Security No. 542-13-0969  
Month/Date/Year  
☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Other

**List the following information for everyone living in your household:**

Name	Relationship	Age	Monthly income	Contribution to household	Dependent
<u>TODD GIFFEN</u>	<u>self</u>	<u>29</u>	<u>\$ 850</u>	<u>\$ 200</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>STACY GIFFEN</u>	<u>mom</u>	<u>45</u>	<u>\$ 0</u>	<u>\$</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>SHARON MACKEY</u>	<u>grandma</u>	<u>72</u>	<u>\$ 5000.00</u>	<u>\$ all + medical issues</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<u>\$</u>	<u>\$</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2. EMPLOYMENT**

Present employer none disabled Occupation disability  
Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_  
Length of (un)employment \_\_\_\_\_ Net (after tax) monthly income \$ \_\_\_\_\_  
Previous employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Net (after tax) monthly income \$ \_\_\_\_\_  
Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_  
Length of (un)employment \_\_\_\_\_ Net (after tax) monthly income \$ \_\_\_\_\_

Other income for you and spouse, dependents or household members; for example, Social Security, unemployment, retirement, public assistance, child support, etc:

Source of Income: - Describe	Amount	How long received	How often received
<u>Supplemental Security Income</u>	<u>850</u>	<u>1 year</u>	<u>monthly</u>
<u>\$</u>	<u>\$</u>	<u></u>	<u></u>
<u>\$</u>	<u>\$</u>	<u></u>	<u></u>

### 3. PROPERTY AND ASSETS: YOU, SPOUSE AND DEPENDENTS

Cash available \$ none Securities, Stocks and Bonds - Value \$ \_\_\_\_\_  
Savings account No \_\_\_\_\_ Balance \$ \_\_\_\_\_ Bank/Branch Office \_\_\_\_\_  
Checking account No 031176110 Balance \$ 300.00 Bank/Branch Office Capital One National  
If in custody, amount in jail or trust account \$ \_\_\_\_\_

#### Real Estate:

none \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Address, City Value Amount Owed Mortgage/Contract Holder

#### Credit Cards:

PayPal	<u>unknown</u>	<u>unknown</u>	<u>8400.00</u>	<u>8500.00</u>
American Express	<u>377291265902007</u>	<u>07/16</u>	<u>400.00</u>	<u>1300.00</u>
Card Name/Bank	Account No.	Expiration Date	Current Balance	Credit Limit

#### Motor Vehicle:

<u>none</u>	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Make & Year	Value	Am tOwed	Mortgage/Contract Holder

All other property or assets: for example: furniture, boats, guns, jewelry, tools, etc.:

<u>personal computer</u>	<u>\$ 200.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Description	Value

Money owed to you or spouse by others (Tax refund, Renters refund, etc.):

_____	\$ _____	_____
Name of Debtor	Owed	Date Expected

### 4. MONTHLY EXPENSES

List all expenses that are paid monthly by you individually or by you jointly with spouse:

Rent/mortgage:	\$ <u>200.00</u>
Utilities:	\$ <u>90.00</u>
Credit Card Payment(s):	\$ <u>500.00</u>
Car Payment(s):	\$ <u>00.00</u>
Child Support:	\$ _____
Other: <u>food/travel</u>	\$ <u>200.00</u>

### 5. EXPENSES PAID BY OTHER HOUSEHOLD MEMBERS

List all expenses and amounts that are paid by **other** household members:

<u>rent</u>	<u>\$ 850.00</u>	<u>SHARON MACKEY</u>
<u>medical costs</u>	<u>\$ 3000.00</u>	<u>SHARON MACKEY</u>
<u>utilities</u>	<u>\$ 500.00</u>	<u>SHARON MACKEY</u>
Expense (Describe)	Amount	Paid by:

Have you ever requested a court-appointed attorney before this application: ☒ Yes ☐ No

If "yes," which county? MARION Date: 2/2014 Charge(s) HABEAS CORPUS APPEAL

Have you ever been denied a court-appointed attorney? ☐ Yes ☒ No

If "yes," which county? \_\_\_\_\_ Date: \_\_\_\_\_ Charge(s) \_\_\_\_\_

If I receive the services of a court-appointed attorney, I agree to reimburse the court for reasonable attorney fees and costs paid in my defense, as ordered by the court.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.

CLERK/NOTARY PUBLIC FOR OREGON

My commission expires: \_\_\_\_\_