

3. Dependents (other persons that you support)

Age _____ Relationship _____

Age _____ Relationship _____

Age _____ Relationship _____

4. Debts (moneys you owe, i.e. Rent/Mortgage Pmt; Medical Bills; Court Ordered Obligations, etc.)
Please Explain:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

STATE OF OREGON)
) SS.
County of Clackamas)

I hereby swear that the foregoing Financial Statement is true. I realize that I may be required to reimburse the City of West Linn its costs in providing court appointed counsel.

Defendant's Signature

SUBSCRIBED AND SWORN to me on this _____ day of _____, 20_____.

Municipal Court Judge

ORDER

On the basis of the foregoing Financial Statement, _____,
Attorney at Law, is appointed to represent said Defendant in all proceedings relating to the above charge unless
relieved by this Court.

Date: _____

Municipal Court Judge