**IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Justice Court, Justice Court of Record, Municipal Court, City Court, City Court of Record)*

 **COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE OF MONTANA**

 *(County)*

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| --- | --- |
| State of Montanavs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant. | **Case No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (leave blank, the clerk will complete)MOTION**For Hearing to Review Denial** **of Public Defender** |

1. I am the Defendant in this case.
2. I am asking the court to schedule a hearing to review the Office of the State Public Defender’s determination that I do not qualify for a court-appointed lawyer.
3. I believe that the decision was wrong because:

[ ]  I meet the financial requirements

[ ]  It would cause me undue financial hardship to hire a private lawyer

[ ]  My financial situation has changed since the court canceled them as my court-appointed lawyer

[ ] I did not give them the documentation they asked for, but now I can give them the information they need

**I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct. I understand that giving false information in this motion is a crime.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Signature: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Prosecutor [ ]  Defendant’s attorney [ ]  Defendant