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

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

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

*(County)*

|  |  |
| --- | --- |
| State of Montana  vs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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