

Amended

-vs-

**Petition for Appointment
of an Attorney,
Affidavit of Indigency**

Case No. _____

UNDER OATH, I STATE THAT because of poverty, I am unable to pay for an attorney to represent me in this case. I petition the court for appointment of an attorney.

- I applied for representation through the state public defender, but was found ineligible for their services.
- I was found eligible for a state public defender in this case on [Date] _____. The state public defender has not appointed an attorney to represent me within a reasonable time.

Section 1.

- I currently receive
 - Supplemental security income.
 - Relief funded under §59.53(21), Wis. Stats.
 - Medical assistance.
 - Food stamps/FoodShare.
 - Relief funded under public assistance.
 - Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
 - Legal representation from a civil legal services program or a volunteer attorney program based on indigency.
Name of program: _____
 - Other means-tested public assistance: _____
- My financial situation has has not changed since I became eligible for this program.

Section 2.

1. I am am not married.
2. I am am not employed.
Name of employer: _____
3. I earn (gross pay) \$ _____ weekly. every 2 weeks. twice monthly. monthly.
My take-home pay (after taxes and deductions) is \$ _____ per pay period.
4. I receive gross monthly income totaling the amount of \$ _____ from
 - Pension Social security Unemployment compensation
 - Disability Student loans/grants Other: _____
5. I have the following cash assets:
 - Savings accounts: \$ _____ Cash: \$ _____
 - Checking accounts: \$ _____ Money owed me: \$ _____
6. I have the following other assets:
 - Vehicle-Yr./Make: _____ \$ _____ Household furnishings: \$ _____
 - Vehicle-Yr./Make: _____ \$ _____ Equity in real estate: \$ _____
 - Other individual assets valued over \$200 each: _____ \$ _____
7. My household consists of myself and _____ others:

Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
8. The other members of my household have gross monthly income totaling the amount of \$ _____ from

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social security | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes | | <input type="checkbox"/> Support/maintenance |
| <input type="checkbox"/> Other: _____ | | | |

9. I have the following debts:

	Amount	Monthly Payment
a. Mortgage/Rent	\$ _____	_____
b. Auto loan	\$ _____	_____
c. Credit cards	\$ _____	_____
d. Other: _____	\$ _____	_____
_____	\$ _____	_____

10. I have the following unusual expenses, other than ordinary living expenses:

I understand that if my financial situation changes, I must notify the court immediately.

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

▶ _____
 Signature

 Print or Type Name

 Date of Birth

 Address

 Email Address

 Telephone Number

 Date

11. Do you own your home? Yes _____ No _____
12. If you own your home, how much equity do you have in the home? \$ _____
13. State the amount of your rent or mortgage payment. \$ _____
14. Do you have cable TV? Yes _____ No _____ Monthly cost: \$ _____
15. Do you smoke? Yes _____ No _____ Monthly cost: \$ _____
16. Do you have an internet service? Yes _____ No _____ Monthly cost: \$ _____
17. Do you have a cell phone? Yes _____ No _____ Monthly cost: \$ _____
18. Do you drink alcohol? Yes _____ No _____
 If yes, indicate frequency _____
 Approximate cost per week \$ _____
19. List assets for spouse or significant other.
- | | |
|-------|----------------|
| _____ | Value \$ _____ |
| _____ | Value \$ _____ |
| _____ | Value \$ _____ |
| _____ | Value \$ _____ |

I understand and consent that without further notice any unpaid attorney fees will be included as costs upon entry of judgment in my case.

I solemnly swear that the information set forth above is true and correct.

Dated this _____ day of _____, 20 _____.

 Defendant's Signature

Address _____

FAILED ATTEMPTS TO SECURE LEGAL COUNSEL:

1. Attorney _____ Advanced Fee \$ _____ or
Address _____ Hourly Rate \$ _____

Would the attorney represent you if appointed by the Court? Yes ___ No ___

2. Attorney _____ Advanced Fee \$ _____ or
Address _____ Hourly Rate \$ _____

Would the attorney represent you if appointed by the Court? Yes ___ No ___

3. Attorney _____ Advanced Fee \$ _____ or
Address _____ Hourly Rate \$ _____

Would the attorney represent you if appointed by the Court? Yes ___ No ___

Defendant states that the above statements are true and correct to the best of his/her knowledge and recollection; that he/she has not sold or disposed of any assets for less than their fair market value prior to the commencement of the above-captioned proceeding in order to obtain appointed counsel; and that he/she understands that furnishing false information under oath may subject him/her to a criminal prosecution for false swearing.

Defendant

Subscribed and sworn to before me
this ___ day of _____, 20__.

State of Wisconsin Notary Public

My Commission Expires: _____