

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

- Wages Social security Relief funded under public assistance Food stamps/FoodShare
- Pension Student loans/grants Unemployment compensation Supplemental security income
- Disability Relief funded under §59.53(21), Wisconsin Statutes Support/maintenance

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: _____

This notarial act involved the use of communication technology.

▶ _____
Signature

Print or Type Name

Date of Birth

Address

Email Address

Telephone Number

Date