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<https://www.wicourts.gov/forms1/circuit/index.htm>.
Este formulario está disponible en español.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

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: _____ Phone No. _____
Employer Address: _____
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 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes 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

▶ _____

Signature

Print or Type Name

Date of Birth

Address

Email Address

Telephone Number _____ Date _____

My commission/term expires: _____

This notarial act involved the use of communication technology.