

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 <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