

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: _____

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
- | | | | |
|---------------------------------------|---|--|---|
| ☐ 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:

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

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

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

► _____
Signature Date

Print or Type Name Date of Birth

Address (City, State, Zip)

Telephone Number