STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

_____

-vs-

_____

☐ Amended

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