

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

CASE NO: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Filing,

and

\_\_\_\_\_  
Name of Person Responding.

### MOTION FOR APPOINTMENT OF COUNSEL

I hereby affirm under penalty of perjury that the following information is accurate and complete. I believe that I lack the financial resources to hire an attorney. I hereby request the appointment of counsel to represent me in this matter. In support of this request, I affirm that the following information is true and accurate.

#### SECTION 1: IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security (*last four*): \_\_\_\_\_

Do you have pending criminal charges in Elkhart County for which a Public Defender has been assigned?  Yes  No

#### SECTION 2: HOUSEHOLD & EMPLOYMENT

Are you experiencing homelessness?  Yes  No Are you married?  Yes  No

Where do you live? \_\_\_\_\_

How many people, other than yourself, do you support? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Do you live with or share expenses with another adult?  Yes  No

If yes, what is the **take home** pay per week of additional adults? \_\_\_\_\_

Are you employed?  Yes  No

If yes, name of employer: \_\_\_\_\_

What is your employer's address? \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

How long have you had this job? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_ What is your **take home** pay per week? \$ \_\_\_\_\_

If you do not work full time, when was the last time you worked a full (30+ hours) week? \_\_\_\_\_

If you have not worked a full week recently, when do you think you will next work a full week?  
\_\_\_\_\_

#### **\*\*NOTICE\*\***

*If the Court finds that you can pay part of the cost of an appointed attorney, you be assessed a fee at the end of the counsel's appointment.*

**SECTION 3: PUBLIC ASSISTANCE**

Please check the boxes for programs that you are currently enrolled in or receive benefits through:

- Supplemental Security Income (*SSI*)
- Temporary Assistance to Needy Families (*TANF*)
- Medical Assistance (*Medicaid, Health Advantage, HIP*)
- Public Housing Assistance (*i.e., Section 8*)
- Supplemental Nutrition Assistance Program (*food stamps, SNAP*)
- Other Public assistance program(s) (*please list*): \_\_\_\_\_

**SECTION 4: INCOME, EXPENSES, & ASSETS** *Please list your MONTHLY income and expenses below.*

INCOME		EXPENSES	
Salary/Wages (after tax):	\$ _____	Mortgage/Rent:	\$ _____
Social Security (SSI, SSD, SSR):	\$ _____	Utilities	\$ _____
Unemployment	\$ _____	Child Support/Alimony:	\$ _____
Worker's Compensation	\$ _____	Medical	\$ _____
Pension/Retirement	\$ _____	Food:	\$ _____
Fund Annuities	\$ _____	Transportation	\$ _____
Dividends	\$ _____	Business, Farming, Education,	
Contributions from Family	\$ _____	or Employment related expenses:	\$ _____
Other _____	\$ _____	Other _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

*Please list any ASSETS you own.*

Cash, Savings, Checking, Stocks, Bonds, or Certificates of Deposit:	\$ _____
Value of Home:	\$ _____
Amount Owed on Home:	\$ _____
Equity in Home:	\$ _____
Other: _____	\$ _____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Printed Name

**\*\*NOTICE\*\***

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