

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	<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

<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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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