

This form is also available in Spanish.

<https://www.wicourts.gov/forms1/circuit/index.htm>.

Este formulario está disponible en español.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

-vs-

**Petition for Appointment
of an Attorney,
Declaration of Indigency**

Case No. _____

I DECLARE 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 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

<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:

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

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

►
Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)