

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
  - Wages                       Social security                       Relief funded under public assistance                       Food stamps/FoodShare

