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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| -vs- | Amended  **Petition for Appointment**  **of an Attorney,**  **Affidavit of Indigency**  Case No. |

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| **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.** | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | |
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| **Section 2.** | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | |
|  | 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: | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | I understand that if my financial situation changes, I must notify the court immediately. | | | | | | | | |
| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires:  This notarial act involved the use of communication technology. | | | | | | | | | | | ⯈  Signature    Print or Type Name    Date of Birth    Address    Email Address    Telephone Number Date | | | | | | | | |