

County of Adams

APPLICATION FOR APPOINTMENT OF COUNSEL IN DEPENDENCY COURT MATTERS

I. Application

Disclaimer

Court staff is not able to give you legal advice or help you fill out/complete these forms. The information in this packet is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, please call the Pennsylvania Lawyer Referral Service at 1-800-692-7375.

Last Updated: May 18, 2016

APPLICATION FOR APPOINTMENT OF COUNSEL (non-criminal)

This form is for child dependency cases only.

Case Caption _____ Docket No. _____

Name _____ Telephone _____

Address _____

Marital status _____ Children living at home (names and ages) _____

- I. I am a party in the above matter and because of my financial condition, am unable to afford counsel.
- II. I am unable to obtain funds from anyone, including my family and associates, to pay for counsel.
- III. I represent that the information below relating to my ability to pay the fees and costs is true and correct.

A. Employment. If you are presently employed, state:

Employer _____
Address _____
Salary or wages per month _____
Type of work _____

If you are presently unemployed, state:

Date of last employment _____ Wages per month _____
Type of work _____

B. Other income within the past twelve (12) months.

Business or profession _____
Other self-employment _____
Interest & dividends _____
Retirement income, pension & annuities _____
Social security benefits _____
Child & spousal support payments _____
Disability payments _____ Workers' compensation _____
Unemployment compensation _____ Public assistance _____
Other _____

C. Other contributions to household support.

(wife)(husband) Name _____
If your (wife)(husband) is employed, state:
Employer _____
Salary or wages per month _____
Type of work _____
Contributions from children _____
Contributions from parents _____
Other contributions _____

(please complete other side)

D. Property owned.
 Cash _____
 Checking account _____
 Savings account _____
 Certificates of deposit _____
 Real estate (including home) _____
 Stocks and bonds _____
 Motor vehicle make _____ Year _____
 Cost _____ Amount Owed _____
 Other _____

E. Debts and obligations.
 Mortgage _____
 Rent _____
 Loans _____
 Other monthly living expenses (including food, clothing, utilities, medical insurance, fuel, etc.)

F. Persons dependent upon you for support.
 (wife)(husband) Name _____
 Children, if any: Name & age _____

 Other persons: Name & relationship _____

G. Do you require the services of an interpreter? _____
 If so, what language? _____

IV: I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

 Print Name Signature Date

Please complete form and return to:

Court Administration
 Adams County Courthouse
 117 Baltimore St., Fourth Floor
 Gettysburg, PA 17325
 Telephone (717) 337-9846