

County of Adams

APPLICATION FOR APPOINTMENT OF COUNSEL IN ORPHANS' 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: February 18, 2016

**APPLICATION FOR APPOINTMENT OF COUNSEL
ORPHAN'S COURT MATTER**

CASE CAPTION: _____

DOCKET NO.: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

MARITAL STATUS: _____ CHILDREN LIVING AT HOME (names and ages):

EMPLOYER: _____

GROSS INCOME PER WEEK: _____ NET INCOME PER WEEK: _____

CHILD SUPPORT PAYMENT: _____

SPOUSE'S EMPLOYER: _____

SPOUSE'S GROSS INCOME PER WEEK: _____ NET INCOME PER WEEK _____

OTHER SOURCES OF INCOME (Identify sources and monthly amount):

1. RETIREMENT INCOME: _____
2. PUBLIC ASSISTANCE: _____
3. CHILD SUPPORT: _____
4. UNEMPLOYMENT COMPENSATION: _____
5. WORKER'S COMPENSATION: _____
6. OTHER: _____

IDENTIFY YOUR ASSETS AND VALUE:

1. REAL ESTATE (Less Mortgage Balance)
 - a. RESIDENCE (Address and Net Worth) _____
 - b. UNIMPROVED REAL ESTATE (Address and Net Worth) _____
 - c. RENTAL REAL ESTATE (Address and Net Worth) _____
2. AUTOMOBILE – Include Year, Model and Net Worth _____
3. CHECKING ACCOUNT BALANCE: _____
4. SAVINGS ACCOUNT BALANCE: _____
5. CERTIFICATES OF DEPOSIT: _____
6. OTHER: _____

LIST MONTHLY LIVING EXPENSES (Including rent/mortgage; car payments; food; clothing; utilities; medical; insurance; fuel; etc.) _____

_____ TOTAL: _____

DESCRIBE ANY EXTRAORDINARY FINANCIAL CIRCUMSTANCES: _____

DO YOU REQUIRE THE SERVICES OF AN INTERPRETER? _____
IF SO, WHAT LANGUAGE? _____

IS THERE A HEARING PENDING IN THE ABOVE DOCKETED MATTER? _____
IF YES, WHAT IS THE DATE _____, COURTROOM NUMBER _____
AND NATURE OF THE HEARING _____

I HEREBY ACKNOWLEDGE THAT THESE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND RECOLLECTION AND THEY ARE PROVIDED WITH THE UNDERSTANDING THAT THE COURT WILL USE THIS INFORMATION IN DETERMINING WHETHER I AM ELIGIBLE FOR COURT APPOINTED COUNSEL IN THE ABOVE DOCKETED MATTER.

PRINT NAME

SIGNATURE

PLEASE COMPLETE FORM AND RETURN TO:

JUDGE WAGNER'S CHAMBERS
ADAMS COUNTY COURTHOUSE
THIRD FLOOR – ROOM 309
117 BALTIMORE STREET
GETTYSBURG, PA 17325
TELEPHONE (717) 334-6781 EXT. 324