

STATE OF WISCONSIN

Petition for Appointment of Counsel, Affidavit of Indigency & Order

-vs-

Case No. _____

Under oath I state that because of poverty, I am unable to pay for an attorney to represent me in this case and request that the court appoint counsel for me.

- I applied for representation through the state public defender, but was found ineligible for thier 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.

Complete Section 1 if you receive aid from any of the programs listed. If you do not receive aid, complete Section 2 on page 2.

SECTION 1.

I CURRENTLY RECEIVE: Supplemental security income, Relief funded under §59.53(21), Wis. Stats., Medical assistance, Food stamps, Relief funded under public assistance, Benefits for veterans under §45.35(1) 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. If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 on page 2 of this form.

Subscribed and sworn to before me on _____ I understand that if my financial situation changes, I must notify the court immediately.

Notary Public/Court Official Signature Date My commission expires: _____

COURT FINDINGS & ORDER

- 1. This petition is GRANTED because the court finds the person is indigent. Counsel shall be appointed at county expense as set forth below. The person shall be required to reimburse the county for such representation as follows: No reimbursement required. Repayment at the rate of \$ _____ per _____ until the total sum is paid. The first payment shall be made on (date) _____. By Income Assignment Pay Direct. Payments shall be made to the Clerk of Court. Other: _____

The following attorney is appointed to represent the defendant: Name: _____ Telephone Number: _____ Address: _____

The attorney shall be compensated at: current state public defender rates. Pursuant to Criminal Defense Project MOU. See Attachment-Defendant's Copy Only.

- 2. This petition is DENIED because the court finds: the person is not indigent. Other: _____

BY THE COURT: Circuit Court Judge _____ Date _____

SECTION 2.

Complete this section only if you do not qualify under Section 1, or if the instructions for that section require you to complete it.

1. I am am not married.
2. I am am not employed. Name of employer: _____
3. I earn \$_____ gross weekly. every 2 weeks. twice monthly. monthly.
My take-home pay is \$_____ per payperiod.
4. I receive 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 – Year/Make: _____ \$_____ Household furnishings: \$_____
 Vehicle – Year/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 monthly income totaling the amount of \$_____ from:
 Wages Social security Relief funded under public assistance Food stamps/Food Share
 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:

