

IN RE: _____

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

ADOPTION OF MINOR

: NO. _____

: ORPHANS' COURT DIVISION

APPLICATION FOR COURT APPOINTED COUNSEL

TO THE HONORABLE COURT:

I hereby certify that I have been notified that proceedings have been initiated to end my rights as a parent for the following child(ren):

I wish to oppose this effort and wish to be represented by an attorney. I am without financial resources to pay for an attorney and ask the Court to appoint an attorney to represent me without cost. In support of my Application for Court Appointed Counsel, I attach an *Affidavit* which fully and truthfully describes my current income and financial condition.

WHEREFORE, I request the Court to appoint an attorney to represent me in the above-captioned proceedings. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

Date

Signature of Petitioner

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE'.

1. I am the Petitioner and because of my financial condition, I am unable to pay for an attorney to represent me in this case.

2. I am unable to obtain funds from anyone, including my family and friends, to pay for an attorney.

3. **I represent that the information below relating to my ability to pay fees and costs is true and correct:**

(a) Name: _____ Email: _____ or NONE
Address: _____ Telephone: _____

(b) **Employment:**

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer Address: _____

Telephone: _____ Email: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of your paycheck.

Type of work: _____

(c) **Other income** within the past twelve (12) months

Self-employment income: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Interest and Dividends: \$ _____ or NONE

Pensions and annuities: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Social Security benefits per month: \$ _____ or NONE

Spousal or Child Support payments **received** weekly: \$ _____ or NONE

Disability payments monthly: \$ _____ or NONE

Unemployment/Workers' Compensation weekly: \$ _____ or NONE

Public Assistance monthly: \$ _____ or NONE

Other: \$ _____ or NONE

(d) (1) **Contributions** to household expenses by husband/wife:

Name(s): _____ or NONE

Is your husband/wife employed? YES NO

Employer: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of their paycheck.

Type of work: _____

Other contributions to household expenses: \$ _____ or NONE

(2) **Contributions** to household expenses by parents:
\$ _____ or NONE

(3) **Contributions** to household expenses by adult children:
\$ _____ or NONE

(e) **I own the following:**

Cash: \$ _____ or NONE Checking account: \$ _____ or NONE

Savings account: \$ _____ or NONE Certificates of deposit: \$ _____ or NONE

Stocks and bonds: \$ _____ or NONE

Real estate (including home): Value \$ _____ Mortgage \$ _____ or NONE

Motor vehicle: Make/Year: _____ Cost: \$ _____

Amount Owed: \$ _____ or NONE

Other: \$ _____ or NONE

(f) **I have the following debts and obligations:**

Mortgage: _____ (monthly) or NONE

Rent: _____ (monthly) or NONE

Car Loan: _____ (monthly) or NONE

Personal Loan: _____ (monthly) or NONE

Cable: _____ (monthly) or NONE

Cell Phone: _____ (monthly) or NONE

Insurance: _____ (monthly) or NONE

Utilities: _____ (monthly) or NONE

Credit Cards: _____ (monthly) or NONE

Spousal or Child Support payments **paid** weekly: \$ _____ or NONE

Other: _____
or NONE

4. Persons who are dependent upon me for financial support:

Wife/Husband: Name _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Other: Name _____ Relationship to Petitioner: _____

or I do not have a wife/husband dependent upon me for financial support.

or I do not have minor children dependent upon me for financial support.

5. **I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances which would permit me to pay the fees and costs. I understand that if my Petition is approved, the Order only allows the waiver of fees and costs included in the Order for this filing and that I must file a new *In Forma Pauperis* Petition and Affidavit for any future filings in this case.**

READ BEFORE ANSWERING: YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY QUESTION IS ANSWERED. **FAILURE TO COMPLETE THIS FORM CORRECTLY WILL DELAY THE PROCEEDINGS.**

6. I verify that the statements made in this Petition and Affidavit are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904 (crime of unsworn falsification to authorities).

Date

Signature of Petitioner

Print Name of Petitioner