

# Request for Appointment of Counsel

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Under Advisement \_\_\_\_\_

Your Name: \_\_\_\_\_ Cause Number: 73D02- \_\_\_\_\_

YOUR DOB: \_\_\_\_\_

1. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone#1 (\_\_\_\_) \_\_\_\_\_; Phone#2 (\_\_\_\_) \_\_\_\_\_; email \_\_\_\_\_

Name, age, and relationship to you of all people who live at the above address:

Name	Age	Relationship	Monthly income of the person

3. Who posted your bond and what is their relationship to you? \_\_\_\_\_

4. List your rent/mortgage and each expense and bill that you pay on a regular basis:

Type of Bill / Expense	Amount per month	Person paid	Who pays it
Example (Electric)	(\$100)	(Duke Energy)	(split with roommate)
<b>Total Monthly Expenses</b>			

5. Have you ever been discharged in bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and where? (Indicate if more than one time.)

\_\_\_\_-\_\_\_\_-\_\_\_\_; State of \_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_; State of \_\_\_\_\_

6. Status of your housing? \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Staying for Free \_\_\_\_\_ Homeless.

Including your residence, list all real estate that you own or in which you have an interest. Include the value and any debt associated with the property.

Description of Real Estate (Land, Homes) with address	Value of the property.	How much is owed on the property?
	\$	\$

9. List all vehicles you own including the value and associated debt.

Make	Model	Year & Mileage	Value	Debt

10. List all other property you own with a value of more than \$100. Ex. Tools, TV, Computer, other electronic devices, jewelry, ATV, boats, guns, knives, etc.

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11. List all bank accounts in your name or in the name of any person who lives with you.

Bank	Amount	Account Holder

12. List all money that is owed to you.

Amount owed to you.	Who owes it?	How much do they pay per month?
\$		\$
\$		\$

13. When was the last year you filed a tax return? \_\_\_\_\_  
 What was your adjusted gross income last year? \_\_\_\_\_

14.

Tax Refund coming?	How much?	In whose name?	When do you expect it?
Yes / No	\$		

15.

Do you work?	Your employer(s)	How much do you take home per week?
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		\$

16. If you are unemployed, list the name of all places you have worked in the last two years. Please include the name of the employer, the dates worked, the reason left, and the amount you earned averaged on a weekly basis.

Past Employer	Dates Worked	Reason Left	Average \$ per week

17. If you are unemployed, list the names of all places you have applied for employment in the past 6 weeks. Please include the date you applied and if denied work the reason given.

Place Applied	Date applied	Denied? (why?)

18.

Are you disabled?	Nature of Disability	Monthly Disability Income	Date became Disabled
<input type="checkbox"/> Yes <input type="checkbox"/> No			

19. Do you drink alcohol?  Yes  No . If yes, how much do you spend per week\_\_\_\_\_?

20. Do you use tobacco or e-cigarettes/cigars?  Yes  No. If yes, how much do you spend per week\_\_\_\_\_?

I hereby swear, under the penalties for perjury, that the information given herein is true, complete, and accurate to the best of my knowledge, and that I have made every reasonable effort to gather the information requested.

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_