

THE SUPERIOR COURT OF WASHINGTON, IN AND FOR PIERCE COUNTY, JUVENILE DIVISION

In re welfare of: _____, Cause No. _____

Date of Birth: _____ **REQUEST FOR APPOINTMENT OF COUNSEL
AT PUBLIC EXPENSE (RQ)**

My name is _____. I am the ___ mother ___ legal father
____ alleged father _____ legal guardian of the above-named child.

I ask that the court appoint an attorney to represent me, at public expense. I believe that I meet one or more of these four financial tests. **(Fill out ALL the blank spaces. Put N/A if not applicable.)**

1. I am currently receiving this type of public assistance: _____.
(Temporary assistance for needy families, general assistance, poverty-related veterans/ benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid)

2. My family for whom I am financially responsible (do not include people not related to you) consists of _____ people. Our combined annual income (including earned income, public assistance, interest, dividends, pensions, annuities, social security, income tax refunds and all other income) after taxes is: \$ _____
(which I believe is one hundred twenty-five percent or less of the federally established poverty level);
My date of birth: _____
Address: _____

3. I am unable to pay the anticipated cost of counsel for the matter before the court because my funds are insufficient to pay any amount for the retention of counsel. If the court finds that I am able to pay part of that cost, then I will sign a Note promising to pay that part. I will immediately report any change of financial status to the court.

My assets include: Cash: _____ Savings account: _____ Other Bank Accounts: _____
Motor vehicle equity (if over \$3000): _____ Real Estate Equity: _____
Stocks, bonds, certificates of deposit: _____

My income each month (including salary, wages, interest, dividends, pensions, annuities, social security, public assistance, and contributions from others in my residence that help pay living expenses) is: \$ _____

I receive monthly child support in the amount of: \$ _____. **My average** monthly expenses for rent or mortgage, food, utilities, health care, transportation, clothing, loan payments, support payments and court
Imposed obligations are: \$ _____

4. I am presently involuntarily committed to a public mental health facility. _____ Yes _____ No

If yes, I can be contacted at: _____
Name & Address of Facility Phone Number (if available)

I certify under penalty of perjury under the laws of the State of Washington that all of the information stated above is known by me to be complete and accurate.

Dated this _____ **day of** _____, **20** ____, **at** _____
City & State

Signature: _____ **Telephone Number:** _____
(Area Code + Phone Number)

Print Name: _____