

Commonwealth of Pennsylvania  
Court of Common Pleas  
County of \_\_\_\_\_  
\_\_\_\_\_ Judicial District



## MOTION TO APPOINT COUNSEL

Commonwealth of Pennsylvania  
v.  
\_\_\_\_\_

Docket No: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_, request that this  
(name) (address)

Court appoint counsel to represent me in this matter. In support of this I state the following:

1. I am the defendant in the above-captioned matter and because of my financial condition am unable to pay for counsel to represent me.
2. I am unable to obtain funds from anyone, including my family and associates, to pay for counsel to represent me.
3. I represent that the information below relating to my ability to pay for counsel to represent me is true and correct:

Please indicate amounts in the space provided. Use additional sheets if necessary.

### Employment Information

#### PRESENT EMPLOYER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Salary or Wages per Month: \_\_\_\_\_

MY SOCIAL SECURITY NUMBER: \_\_\_\_\_

I AM PRESENTLY UNEMPLOYED.

#### LAST EMPLOYER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Salary or Wages per Month: \_\_\_\_\_

Dates of My Last Employment: \_\_\_\_\_

**Other Income Received Within The Past Twelve Months**

BUSINESS OR PROFESSION: \_\_\_\_\_  
OTHER SELF-EMPLOYMENT: \_\_\_\_\_  
PENSION AND ANNUITIES: \_\_\_\_\_  
SOCIAL SECURITY BENEFITS: \_\_\_\_\_  
WORKMAN'S COMPENSATION: \_\_\_\_\_  
INTEREST: \_\_\_\_\_  
DIVIDENDS: \_\_\_\_\_  
SUPPORT PAYMENTS: \_\_\_\_\_  
DISABILITY PAYMENTS: \_\_\_\_\_  
PUBLIC ASSISTANCE: \_\_\_\_\_  
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS: \_\_\_\_\_  
OTHER: \_\_\_\_\_

**Other Contributions To Household Support**

SPOUSE'S NAME: \_\_\_\_\_  
SPOUSE EMPLOYED:  \_\_\_\_\_  
SPOUSE'S OCCUPATION: \_\_\_\_\_  
SALARY OR WAGES PER MONTH: \_\_\_\_\_  
SPOUSE UNEMPLOYED:  \_\_\_\_\_  
CONTRIBUTIONS FROM CHILDREN: \_\_\_\_\_  
CONTRIBUTIONS FROM PARENTS: \_\_\_\_\_  
OTHER CONTRIBUTIONS: \_\_\_\_\_

**Assets/Property Owned**

CASH: \_\_\_\_\_  
CHECKING ACCOUNT: \_\_\_\_\_  
SAVINGS ACCOUNT: \_\_\_\_\_  
CERTIFICATES OF DEPOSIT: \_\_\_\_\_  
STOCKS AND BONDS: \_\_\_\_\_  
OTHER: \_\_\_\_\_

**Real Estate**

DO YOU OWN A HOME OR OTHER REAL PROPERTY?  
REAL ESTATE (INCLUDING HOME): \_\_\_\_\_  
MOTOR VEHICLE MAKE: \_\_\_\_\_  
AMOUNT OWED: \$ \_\_\_\_\_

Docket No: \_\_\_\_\_

### Motor Vehicle

DO YOU OWN AN AUTOMOBILE?  
IF SO, PLEASE PROVIDE FOR EACH:

MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_  
COST: \_\_\_\_\_  
AMOUNT OWED: \$ \_\_\_\_\_

### Debts and Obligations

MORTGAGES OTHER THAN THOSE LISTED ABOVE:

LOANS: \_\_\_\_\_  
RENT: \_\_\_\_\_  
OTHER: \_\_\_\_\_

### Persons Dependent Upon Me For Support

SPOUSE'S NAME: \_\_\_\_\_

CHILDREN

INDICATE NUMBER

NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

OTHER PERSONS

NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____

4. I, \_\_\_\_\_, understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay for counsel to represent me.
5. I, \_\_\_\_\_, verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date