

PETITION FOR COURT
APPOINTED COUNSEL AND
FINANCIAL AFFIDAVIT FORM
AND INFORMATION PACKET

**IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN
ATTORNEY**

DISCLAIMER

The Clerk of Orphans' Court office is unable to give you legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain services of an attorney but do not know whom to obtain, you may call the York County Lawyer Referral Service at (717) 854-8755 or email info@yorkbar.com

INSTRUCTIONS

Petition for Court Appointed Counsel:

1. Fill in the name(s) of your child(ren) involved in this action, enter the docket number and the type of hearing.
2. Enter your name as the petitioner.
3. Check one of the boxes: Mother, Father, Legal Guardian or Other. If you check Other, write in the relationship in the blank.
4. Check one of the boxes: Does or Does Not have an attorney. If you currently have an attorney, write the name of the attorney in the blank.
5. Write the Date and Sign in the blank.

Financial Affidavit:

1. Fill in the name(s) of your child(ren) involved in this action, enter the docket number and the type of hearing.
2. Item 1 – If you are the Mother, circle the word “Mother”. If you are the Father, circle the word “Father”, if you are the Guardian, circle the work “Legal Guardian”.
3. Item 2 – You are stating that you cannot afford to pay costs in this action or that you are unable to borrow money to pay the cost in this action.
4. Item 3 – Complete each lettered section as indicated below. DO NOT LEAVE ANY SPACES BLANK OR STATE THAT SOMETHING IS NOT APPLICABLE. DO NOT USE THE RESPONSE OF ‘N/A’ INSTEAD WRITE ‘NONE’.
 - a) List your name and current address. Make sure your phone number is accurate so your attorney can contact you.
 - b) If you are currently employed, print your employer’s name and address, your MONTHLY salary (or if hourly, state the hourly rate and how many hours you work a week), and the type of work you do. If you are not currently employed, fill in the date of your last employment, your wages at your last job and the type of work you did. If an entry does not apply, simply write “none.”
 - c) List any other income you received within the last twelve (12) months. If any of the entries apply to you, fill in your average monthly income from the source. If an entry does not apply, simply write “none.”
 - d) List any income that is received by other people in your household that helps to support the household (e.g., peoples who help pay mortgage/rent, grocery, utilities, or other bills). If someone is not a member of your household, do

not list their income here unless they give you money. If none of these apply, simply write “none.”

- e) List any property you own and its value. If you do not have any of the types of property listed, simply write “none.”
 - f) Fill in an average monthly figure where applicable and write “none” to a type of debt that does not apply to you. The “Other” category is quite broad. Use the categories to list any expenses that are not included in other categories. Make sure you list each expense and identify it.
 - g) List the people who depend on you for monetary support. If you have dependent children, list their full names and ages. Also, list any other people dependent upon you for support and their relationship to you.
- 5. Item 4 – This statement means that you understand you must report any improvement in your financial situation to the court.
 - 6. Item 5 – This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.
 - 6. When you have completed the Financial Affidavit, sign and date it where indicated.

Filing the Documents and Receiving Attorney Information:

- 1. Once you complete and sign the forms, you must file them in the Clerk of Orphans’ Court Office located on the second floor of the York County Judicial Center, 45 N. George Street, York, PA 17401. Keep in mind:
 - a. Each child has his or her own case number and each document must be filed on each case. Copies must be made to ensure a copy is filed on each case.
 - b. A copy of the petition and financial affidavit must be made for the Judge for each case/child.
 - c. A pay by the page copier is available in the Self Help Center on the Fourth Floor or the Clerk of Orphans’ Court Office will make a copy for you for a fee.Clerk of Orphans’ Court staff will deliver the petition and financial affidavit to the Chambers of the assigned Judge.
- 2. Once your petition and financial affidavit have been reviewed by the Judge, he/she will sign and file an order with the Clerk of Orphans Court. The Clerk of Orphans’ Court will mail you a copy of the order. If your petition is granted, the order will include the attorney and his/her contact information. It is your responsibility to contact the attorney immediately and provide all documentation you have received to him/her. Failure to maintain contact may result in the Court vacating the appointment of counsel.
- 3. When the petition for a court appointed attorney is completed shortly before the scheduled court date it is common for the attorney to reach out to you as your copy

of the order may not arrive in the mail prior to the court date. If you do not receive a copy of the order, have not heard from your attorney or haven't met with your assigned attorney prior to the hearing date, you must appear at your hearing as scheduled and you should arrive at least thirty minutes prior to the scheduled hearing time to meet and discuss your case with your attorney.

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN THE INTEREST OF:

FILE NUMBER: _____

_____, a Minor

Type of Hearing: _____

PETITION FOR COURT-APPOINTED COUNSEL

Petitioner, _____, hereby petitions this Honorable Court
Name

for Court-Appointed Counsel in the above-captioned matter.

Petitioner is the (check one) Mother Father Legal Guardian other

(_____) of the child indicated above.
Relationship to Child

Petitioner (check one) does does not currently have an attorney in this matter. (If
you do currently have an attorney, please indicate your attorney's name here:

_____).

A "Financial Affidavit" is attached to this Petition for your consideration.

I, the undersigned petitioner, aver that the facts set forth in this petition are true and
correct to the best of my personal knowledge or information and belief, and are made subject
to the penalties of unsworn falsification to authorities under 18 Pa.C.S. §4904.

Date: _____

Signature of Petitioner

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN THE INTEREST OF: _____ FILE NUMBER: _____
_____, a Minor Type of Hearing: _____

FINANCIAL AFFIDAVIT

1. I am the (Mother/Father/Guardian) in the above matter and because of my financial condition; I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the cost of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a) Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(b) Employment: If you are presently employed, state:

Employer: _____

Address: _____

Salary or hourly wages per month: _____

If hourly wages, number of hours per week: _____

Type of work: _____

If you are presently unemployed, state:

Date of your last employment: _____

Salary or wages per month: _____

Type of work: _____

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

Business or profession per month: _____

Other self-employment per month: _____

Interest/Dividends per month: _____

Pensions and annuities per month: _____

Social Security (SSI) benefits per month: _____

Support Payments per month: _____

Disability or SSDI payments per month: _____

Unemployment Compensation and supplemental benefits per week:

Workers' Compensation per month: _____

Public Assistance per month: _____

Other per month: _____

(d) Other Contributions to household support

Name of household members: _____

If household member is employed, state:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make: _____ Year: _____

Cost: _____ Amount owed: _____

Stocks and bonds: _____

Other: _____

(f) Debts and expenses – average per month

Mortgage/Rent: _____

Taxes and Insurance: _____

Utilities: _____

Telephone (landline and cell phone): _____

Car Expenses: _____

Medical/Dental: _____

Life/Health insurance: _____

Food (Food Stamps of \$ _____) Plus additional: _____

Household Supplies/Laundry: _____

Child Care: _____

Clothing: _____

Loans: _____

Charge Accounts: _____

Other: _____

(g) Persons dependent upon you for financial support

Name of Wife/Husband: _____

Children, if any:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other personal dependent upon you for financial support (such as parents, grandparents, etc.):

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 the costs incurred herein. If I fail to do so, I may be required to reimburse the County of York for costs and fees paid on my behalf.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are being made subject to the penalties of 18 Pa.C.S. § §4904, relating to unsworn falsification to authorities.

Date

Signature of Petitioner