

# Application for Court Appointed Counsel (Dependency)

This packet contains information, forms, and instructions on how to file a petition to ask the Court to appoint an attorney to represent you in your dependency matters with associated costs paid by the County.

# DISCLAIMER

**IT IS STRONGLY RECOMMENDED THAT YOU SPEAK WITH  
AN ATTORNEY**

**COURT SELF-HELP CENTER STAFF CAN REVIEW YOUR  
FORMS PRIOR TO FILING,  
BUT CANNOT TELL YOU WHAT TO WRITE**

**COURT SELF-HELP CENTER STAFF DO NOT GIVE LEGAL ADVICE**

**THERE IS NO GUARANTEE THAT YOU WILL GET YOUR  
DESIRED OUTCOME**

**THERE IS NO GUARANTEE THAT THESE FORMS ARE THE  
CORRECT OR MOST UP TO DATE FORMS.**

**IT IS YOUR RESPONSIBILITY TO FOLLOW ALL STATE  
AND LOCAL RULES AND PROPER PROCEDURES.**

## What is a Court Appointed Attorney?

A court appointed attorney is a “real” attorney admitted to the Pennsylvania Bar and licensed to practice law in Pennsylvania. These attorneys have received special training in juvenile court matters. All court appointed attorneys are also in private practice, and each attorney takes very seriously the representation of a client whether private or court appointed.

Your court appointed attorney works for you. It is likely your attorney will speak with the York County Office of Children, Youth, and Families (YCOCYF) attorney and may attempt to negotiate a resolution that is acceptable to you. If there are hearings to plan for your child’s safety, your attorney will participate and help you to present your case. With few exceptions, everything you say to your attorney is confidential. However, your attorney can never allow you to lie to the court, and if you tell your attorney you are going to commit a crime, your attorney is not required to keep that information confidential.

How often you meet with your attorney really depends on your case. It is generally a good idea to meet with your attorney at least once a month or make contact by telephone or email as your attorney suggests. This way, you can keep your attorney updated on the completion of your goals and your attorney can assist you with any problems as they arise. It is a good idea to meet with your attorney at least two weeks before a court hearing so that the two of you can be prepared for the hearing. It is your responsibility to continue to have contact with your lawyer or the appointment may be vacated by the court.

Your attorney can assist you with scheduling appointments, coordinating services, understanding your family service plan, negotiating with the YCOCYF caseworker and with any service providers, making sure you follow through with your family service plan, and answering questions you may have about your case and the law. Your attorney is appointed for dependency matters only and not for other cases you may have before the Court. If you are not sure whether your attorney can help you with a problem it is better to call and ask your attorney to be sure.

You can expect your attorney to:

- attend all Court hearings and many YCOCYF meetings with you unless other arrangements are made.
- zealously represent you and make your views known to the Court.
- negotiate with YCOCYF and other service providers where appropriate.
- be honest with you about your case, what is expected of you and what you might expect from the Court.

Your attorney expects you to:

- provide any change in your address or telephone number.
- be available to meet on a regular basis and respond to letters or telephone calls promptly.
- be honest.
- follow your case plan or to reach out if you have difficulty doing so.
- attend and arrive on time to court hearings and office appointments.
- contact your attorney immediately if you have any problems with the team or with your YCOCYF caseworker.

A court appointed attorney is generally appointed to parties who meet state poverty guidelines and cannot pay the costs associated with an attorney. If you qualify, the Court **may** waive the costs associated with an attorney. To request this, you must complete a Financial Affidavit and provide ALL requested documents necessary to prove to the Court that you have financial need and cannot pay for an attorney. It is your obligation to provide sufficient information for the court to determine your eligibility and to keep the court updated on your financial status.

NOTE: If you want more information on the Pennsylvania Dependency System, there is a video available for viewing at the Court Self Help Center called “A Parent’s Guide to Understanding the Pennsylvania Dependency System.” The video is available on YouTube at: <https://youtube.com/watch?v=vOrdjqHPBsY>.



**You are required by law to ask family and friends for financial assistance before filing for IFP status.**



**You must complete a full application for each child. After you fill out the first application, simply change the caption to reflect the next child's name.**



**Your request might be denied if you leave any part of the application blank. Be sure to answer each question completely and honestly. You will have to provide documentation to support your claims about your finances.**



**If you provide incorrect information or fail to disclose your true financial status, you can be responsible for paying the attorney fees and reimbursing the county for fees paid on your behalf.**

## Asking for a Court Appointed Attorney

-You are the Petitioner.

-You must complete and file a Petition For Court Appointed Counsel (Form 1.1) and a Financial Affidavit (Form 1.2).

-These documents **must** be filed with the Clerk of Courts office in a timely fashion. This means that your Court Appointed Counsel application must be filed as soon as possible after the filing of the dependency action or as soon as you determine you will not be able to afford a privately secured attorney.

-It will take a few days for the Judge to review your documents. As soon as possible after you file with the Clerk of Courts, you should receive an answer to your application in the mail which will tell you the next step you must take.



**CAUTION:** If you haven't received the answer to your application by mail before the hearing date, arrive thirty minutes early. If an attorney has been appointed, she or he will meet you at the hearing location to discuss your case and the hearing.

This answer will do one of two things—1) **Grant/Appoint an Attorney**; 2) **Deny/Not Appoint an Attorney**.

### 1. "Granted."

#### ORDER APPOINTING COUNSEL

**AND NOW**, this <<OrderDate>>, based on financial representations made by YOUR NAME, it is hereby ORDERED that ATTORNEY NAME, Esquire, is appointed to represent YOUR NAME, Mother / Father in the above-captioned matter, as his / her legal counsel in this action. The costs of appointed counsel's representation shall be paid by the County of York until further Order of Court. ATTORNEY NAME's phone number is: PHONE NUMBER.

There is a **TYPE OF HEARING scheduled on DATE, YEAR at TIME in LOCATION** of the York County Judicial Center, 45 North George Street, York, PA before the undersigned / a hearing officer. The appointment of ATTORNEY NAME shall extend to any future dependency proceedings that may be scheduled or until further Order of Court. PARENT'S NAME is reminded that he / she has a continuing obligation to keep the Court apprised of his / her financial situation. In the event that PARENT'S NAME's financial circumstances improve, or should PARENT'S NAME fail to keep in contact with ATTORNEY NAME, the appointment may be vacated.

Copies of this Order shall be sent to counsel for all parties.

You will receive an Order Granting your request for an attorney. The order will include the name and phone number of your attorney as well as the date and time of the next year.

## 2. "Denied."

### ORDER DENYING REQUEST FOR COUNSEL

**AND NOW**, this <<OrderDate>>, upon review of the Petition for Court-Appointed Counsel by \_\_\_\_\_, it is hereby ordered that \_\_\_\_\_ request for Court-Appointed counsel at the expense of the County of York is hereby DENIED based on \_\_\_\_\_. \_\_\_\_\_ is reminded of \_\_\_\_\_ right to counsel at \_\_\_\_\_ own expense.

Copies of this Order shall be sent to counsel of record and any unrepresented parties.

You will receive an Order Denying your request for counsel. The order will explain why your request was denied. The denial could be because you did not qualify based on the information provided, or it could be because your application was incomplete.



**TIP:** Read the documents that you received in the mail. If granted, the order will provide your attorney's name and contact information and also include the date of the hearing. Otherwise, the reason or the denial will be included. In some instances, you might be able to file a more complete application for the judge to consider. Also, the judge may appoint an attorney for only the hearing that is pending. It will be your responsibility to then find another attorney to represent you or to reapply for a court-appointed attorney for the next hearing.



**NOTE:** If granted, your court appointed attorney is only appointed for this case. Any future cases may require another application.

**Supreme Court of Pennsylvania**  
**Civil Procedural Rules Committee**  
**Poverty Income Guidelines**

The following chart will be used by the court to determine eligibility for *In Forma Pauperis* filing status.

2020 HHS Poverty Income Guidelines

SIZE OF FAMILY UNIT	POVERTY GUIDELINE MONTHLY INCOME	POVERTY GUIDELINE YEARLY INCOME	125% POVERTY GUIDELINE MONTHLY INCOME	125% POVERTY GUIDELINE YEARLY INCOME
1	\$ 1,063	\$12,760	\$ 1,329	\$15,950
2	\$ 1,437	\$17,240	\$ 1,796	\$21,550
3	\$ 1,810	\$21,720	\$ 2,263	\$27,150
4	\$ 2,183	\$26,200	\$ 2,729	\$32,750
5	\$ 2,557	\$30,680	\$ 3,196	\$38,350
6	\$ 2,930	\$35,160	\$ 3,663	\$43,950
7	\$ 3,303	\$39,640	\$ 4,129	\$49,550
8	\$ 3,677	\$44,120	\$ 4,596	\$55,150
For each additional person, add \$373.33 per month or \$4,480.00 per year			For each additional person, add \$467 per month or \$5,600 per year	

Income used to compute poverty status includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Non cash benefits such as food stamps and housing subsidies **do not count**.

All income is **before taxes**.

Totals exclude capital gains or losses.

If a person lives with a family, add up the income of **all family members** including non-relatives such as housemates.

## IMPORTANT INFORMATION:

- Fill out the Financial Affidavit accurately and completely. **Do not leave any line blank**, if an item does not apply to you, write “N/A”. If a dollar amount is zero, write “0”. Explain any answers that need clarification.



**CAUTION: If any part of the form is left blank, or if any required information is not provided, the Petition may be denied.**

- If you provide any information that is false or misleading, you may be penalized by the court. Provide all information that is requested and supports your claim for the financial need for court-appointed counsel. The Affidavit and the Petition must be completed and signed by you.
- Remember that the Financial Affidavit is asking for the **monthly** amounts paid/due for each service listed. If an item on the list is not paid monthly, (for example some utilities are paid quarterly), **it is your responsibility to determine the approximate monthly amount paid or owed**. You must explain if you are not paying the owed amount or if you are paying by credit card or borrowing money to pay.
- If you are not paying any bills, you must explain how the bills are being paid and who is paying.
- Each child has his or her own case and a petition and a financial affidavit must be filed on each case. Submit one original Petition and Affidavit for each child/case.
- You are under a continuing obligation to inform the court of any improvement in your financial status.
- If you are currently in prison, list what funds are located in your prison account by providing a print out of the account since incarceration or, at a minimum, the last six months.

## INSTRUCTIONS:

### Completing the Petition for Court Appointed Counsel:

Caption:

**The Caption**

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

IN THE INTEREST OF: : CP-67-DP- [ ] - [ ]

[ ] a Minor : CP-67-JM- [ ] - [ ]

: :

You must fill in the caption the same way it looks on other forms for this case. The Child's name must be listed in the same way as the caption on the documents and orders already filed. You should type the docket number for the existing case on the applicable docket number line.



**CAUTION:** Match the case type – DP or JM – from other forms on this case. Be sure to enter the docket number on the correct line.

**reminder**

Remember, you must complete a separate petition and financial affidavit for each child.

## Completing the Petition for Court Appointed Counsel, continued.

You are the Petitioner; write your name on the first line.

1. This is a statement that identifies your relationship with the child listed in the case caption. Check the appropriate box. If you check 'Other,' enter your relationship to the child in the blank.
2. This is a statement by you that you do or do not have an attorney. Check the appropriate box. If you check 'does,' enter the name of the attorney in the blank.
3. This is a statement by you that you and your household fall under the PA poverty guidelines outlined on page 8 of these instructions.
4. This is a statement by you that you have asked family and friends for financial assistance before applying for a court appointed attorney. There is nothing for you to fill in here, but this statement, like all other parts of your application must be true.
5. This is a statement by you that your financial details are attached.

Like everything else in your petition, all of the above statements **must** be true.

Sign the Petition requesting the Court to appoint an attorney. Note that by signing the Petition, you are swearing under oath that the information provided by you in these forms is true and correct. Sign and print your name, address and phone number where you can be reached.

**Understand that you are signing under penalty of perjury and may face penalties if you make any false claims on these documents.**

## Completing the Financial Affidavit:

Fill out the caption in the same way you filled it out on the Petition, as seen on page 10 of instructions.

1. This is a statement that identifies your relationship with the child listed in the case caption. Check the appropriate box. If you check 'Other,' enter your relationship to the child in the blank.
2. This is a statement by you stating that you have tried to get financial help from family and friends before filling out this application. Like all others, this statement must be true.
3. Provide your full legal name and full address.
4. This section is for you to provide information about your sources of income. If something does not apply to you, write 'N/A' on the line provided. If a dollar amount is zero, write '0' on the line. **Do NOT leave any line blank.**
  - (a) Write the name and address of your current employer, the name of your supervisor, position held, and how long you have worked there.
  - (b) Write your monthly income before taxes on the line.
    - **You must attach proof of your earnings and income from your current employer, such as paystubs or bank deposit records.** Check the box to indicate that you have attached these documents to your petition.
    - If you are not working, or are employed part time, provide a brief explanation about your employment status, including why you are

not employed full time, how many hours you work on average, and if it is possible for you to increase your hours worked.

(c) If you are not working, explain the reason for your unemployment.

Include:

- The date you last worked
- The name of the employer
- Length of time you worked there
- Earnings
- Position held
- Your reason for leaving that position.

If you say you have never worked, please explain why.

(d) Type any reasons for having not worked in the past 12 months, if it applies.

(e) Type the amount received by you or other members of your household for Social Security benefits.

(f) Type the type of public assistance and the amount received by you or any members of your household for all types of public assistance.

(g) Type the amount you received for any support payments. Indicate any financial support you are getting for any dependents in your care. Additionally, if you have an income or earning capacity from a support order, **you must provide a copy of this order with your application.**

(h) Type amounts received from any disability payments received by you or your dependents.

- (i) Type amounts for any unemployment compensation and supplemental benefits you are receiving.
  - (j) Type amount for any workers' compensation payments you are receiving.
  - (k) Type the date you applied for SS or other disability income and the outcome of that application.
  - (l) Type medical information or include any official document supporting your inability to work. Contact your local provider for these documents. **Remember to CHECK THE BOX** to indicate that you have attached these documents to your petition.
  - (m) Enter any additional income information as listed or any other income that you have received in the last 12 months, such as interest, retirement, rent, etc.
  - (n) Provide the name and relationship of all adults living in your household and any income information relating to them. Include husband or wife, boyfriend or girlfriend, roommate, etc.
5. Property owned and rented
- (a) If you own any real estate, provide the full address of the property. This includes your primary home and any other real estate that you may own, whether you are currently renting it out or not. If you have other real estate that you are not renting out, explain why.
  - (b) Provide information about all vehicles you own, including year, make, model, how much you paid for the vehicle and how much you still owe.

- (c) Indicate how much cash you currently have.
  - (d) If you have a checking account, write the name of your bank and how much is currently in each account. **Do NOT include account or routing numbers.**
  - (e) If you have a savings account or money market account, write the name of your bank and how much is currently in each account. **Do NOT include account or routing numbers.**
  - (f) If you have any certificates of deposit (also called CDs), indicate where each account is and how much is currently in each account.
  - (g) If you have a stocks, bonds, or annuities, write the name of the bank or financial institution where the account is and how much is currently in the account.
  - (h) Provide information regarding any other asset or accounts that you may have available to you.
6. Dependent information refers to people you support.
- (a) For individuals over the age of 18, provide their full name(s), their relationship to you, their current employment, and if not employed, provide information regarding their last employment.
  - (b) Minor children who live with you the majority of the time should be listed here by initials and age ONLY. Do NOT provide full names of any child. Also include the name of the other parent and whether or not there is a support order in place. If you are receiving support, be sure to provide that information in number **4(g)** above.

(c) Provide the names of all other people who live with you. You must also include their relationship to you.

7. Give as much information as possible regarding your monthly expenses, and to whom you pay these expenses. Note that these are **monthly** totals, so if a service listed is something that you pay quarterly, you must calculate how much that cost would be per month. If an amount is zero, put "0".

*This is an example*

If you pay \$90 every quarter for your water bill, then you pay \$360 per year. You would put \$30 in the monthly column for water.

*This is an example*

If you buy your household supplies from multiple stores. You could write down Target/Wal-Mart/Yorktown Laundromat and then write \$80 in the monthly amount column, showing that you pay \$80 total a month for household supplies/laundry.

*This is an example*

If you pay real estate, municipal, or school taxes of \$300 per year, then you pay \$25 per month.

Add up the costs for all expenses and place the total on the line. Note that if you are not working, but show expenses, you **MUST** provide information as to how you are paying for these expenses. Your Petition may be denied if you list expenses but do not explain how you are paying for them. Examples include putting expenses on credit cards, borrowing money, etc.

8. **a)** Write how many times you filed for court appointed counsel in York County  
**-and-**  
**b)** If you have ever been granted court appointed counsel before.

9. If the Court, such as Divorce Masters or Domestic Relations, have indicated that you have an earning capacity, **you must submit a copy of that order with this application.**

10. This is a statement by you that you shall keep the Court informed of any improvement in your financial situation.

-You must then sign and date the Affidavit. Please note that by signing the Affidavit, you are indicating that the information provided in these statements is being provided under oath, meaning that it is true and correct.



**PLEASE NOTE:** You are signing the Affidavit under penalties related to unsworn falsifications to authorities. This means that you certify that you are providing true and accurate information and that you understand that there may be penalties imposed upon you for making false statements.

-You must provide your full name, address, phone number(s) and e-mail address (if you have one) where you can be reached.

### **Attachments to Financial Affidavit:**

-Along with the Petition and Financial Affidavit, you must include proof of your financial status with your Application for Court Appointed Counsel.

-Proof includes documents like paystubs from a current employer, bank statements, tax returns, disability paperwork showing your inability to work, etc.



**CAUTION: Incomplete documents or documents filed without proof of income may result in denial of your request for a court appointed attorney.**

## **Filing the Petition for Court Appointed Counsel and Financial Affidavit**

### **One Child:**

1. Make a copy of the completed forms.
2. Take the original + the copy to the York County Clerk of Courts Office.
3. If the hearing is within three days, complete a Rush Form to expedite delivery of the forms to the assigned judge. Failure to do so may delay the appointment of an attorney, even if you qualify, until after the hearing.
4. The Clerk of Courts will time-stamp both documents, keep the original and return the one stamped set of documents for your records.

### **Multiple Children:**

1. Print the completed forms for the first child.
2. Change the case caption and print the completed forms for the next child.
3. Repeat step two until you have completed forms for each child/case.
4. Make a copy of each set of the completed forms.
5. Take the original + the copy to the York County Clerk of Courts Office.
6. If the hearing is within three days, complete a Rush Form to expedite delivery of the forms to the assigned judge. Failure to do so may delay the appointment of an attorney, even if you qualify, until after the hearing.
7. The Clerk of Courts will time-stamp both documents, keep the original and return the one stamped set of documents for your records.

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA**

IN THE INTEREST OF:

~~XXXX~~ Docket Number: CP-67-DP-\_\_\_\_\_-\_\_\_\_\_  
~~XXXX~~

\_\_\_\_\_, a Minor

CP-67-JM-\_\_\_\_\_-\_\_\_\_\_

**PETITION FOR COURT APPOINTED COUNSEL**

AND NOW, comes the Petitioner, \_\_\_\_\_,  
who petitions this Honorable Court for Court Appointed Counsel in the above-captioned  
matter.

1. Petitioner is the  Mother  Father  Legal Guardian  Other

( \_\_\_\_\_ ) of the child indicated above.

(Relationship to the Child)

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

\_\_\_\_\_.

3. Petitioner is indigent and financially unable to pay the costs and fees of an  
attorney.

4. Petitioner is unable to obtain funds from anyone, including Petitioner's family and  
associates, to pay the costs of litigation

5. Petitioner's financial circumstances are more fully set forth in the attached  
Financial Affidavit.

I understand that the statements in the foregoing Petition for Court Appointed Counsel are made under the penalties provide by 18 Pa.C.S.A. §4094 (relating to unsworn falsification to authorities).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER

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

Telephone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_



4. INCOME INFORMATION

(a) Employment (List all employment/self-employment positions)

**NOTE:** If you are incarcerated, provide copies of your inmate account and balance sheet along with any income being collected on your behalf from any real estate, business or other investments.

Are you currently employed? If yes please provide:

Employer: \_\_\_\_\_

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

Type of work (position): \_\_\_\_\_

How long employed: \_\_\_\_\_

(b) Salary or wages, include hourly rate or salaried amount and indicate your gross income per month: \_\_\_\_\_

If you are not working a full time work schedule (40 hours per week) or are not paid a full time salary, please indicate

- how many hours you work \_\_\_\_\_
- why you are not working a full time position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- whether you have the opportunity to increase your hours: \_\_\_\_\_

I have attached a copy of a recent paystub which shows all of my year to date income, or I have attached documents from my employer that provides the information.

I have attached another proof of financial status, such as a court order or S.S. Earning statement.

(c) If you are presently unemployed, state:

Date of last employment: \_\_\_\_\_

Where employed: \_\_\_\_\_

How long did you work here: \_\_\_\_\_

Gross salary or hourly wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Reason for leaving prior employment: \_\_\_\_\_

\_\_\_\_\_

(d) History: If you have not worked in the recent past (last 12 months) indicate why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(e) Social security benefits received by you or anyone in the household, include

monthly amount for each person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(f) Public assistance, include type and amount of benefits received by you or

anyone in the household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(g) Support payments, monthly amount received by you (this includes child support, spousal support or alimony): \_\_\_\_\_

\_\_\_\_\_

(h) Disability payments—monthly amount—for you and/or any dependent of yours:

\_\_\_\_\_

(i) Unemployment compensation and supplemental benefits: \_\_\_\_\_

\_\_\_\_\_

(j) Workers' compensation: \_\_\_\_\_

(k) If you are unemployed due to a medical issue, indicate when you applied for SS or other disability income and the outcome of such filing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(l) Provide medical information to support any disability including a fully executed physician's disability form where applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I have attached a copy of any current benefit statements, letters or other approvals regarding any of the above stated benefits. If I have been denied benefits, I have attached a copy of that documentation.**

(m) Other income within the past twelve months:

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_

Rents: \_\_\_\_\_

Other (include type and monthly amount): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(n) Other contributions to household support (Spouse, Significant Other, Adult Child, Parent, Roommate or any other adult in your household). You must provide income information for all adults in the household.

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

Relationship: \_\_\_\_\_

If any of these individuals are employed, state the following for each:

Employer: \_\_\_\_\_

\_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions (this includes all other adults in your household): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. PROPERTY OWNED

(a) Real estate (including home): \_\_\_\_\_

(b) Vehicle(s):

(i) Make/Model: \_\_\_\_\_

(ii) Year: \_\_\_\_\_

(iii) Cost: \$ \_\_\_\_\_ (iv) Amount Owed \$ \_\_\_\_\_

(c) Cash: \_\_\_\_\_

(d) Checking account: \_\_\_\_\_

(e) Savings/Money Market account: \_\_\_\_\_

(f) Certificates of deposit: \_\_\_\_\_

(g) Stocks, Bonds or Annuities \_\_\_\_\_

(h) Other: \_\_\_\_\_

6. DEPENDENTS

- a. Persons financially dependent upon you for support, this includes only those people you are legally obligated to support, such as your children under the age

of 18 that reside in your household. Indicate why they are dependent upon you for financial support.

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b. Minor Child(ren), if any, that reside with you the majority of the time:

Initials: \_\_\_\_\_ Age: \_\_\_\_\_      Initials: \_\_\_\_\_ Age: \_\_\_\_\_

Initials: \_\_\_\_\_ Age: \_\_\_\_\_      Initials: \_\_\_\_\_ Age: \_\_\_\_\_

Initials: \_\_\_\_\_ Age: \_\_\_\_\_      Initials: \_\_\_\_\_ Age: \_\_\_\_\_

Name of other parent(s): \_\_\_\_\_

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Are they paying support? \_\_\_\_\_. If yes, provide the monthly amount received under 4(g) above.

c. Other persons in your household not already listed, include age and relationship to you:

Name(s) Age(s) and Relationship(s): \_\_\_\_\_

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7. EXPENSES

<u>ITEM</u>	<u>TO WHOM PAID</u>	<u>MONTHLY AMOUNT</u>
Rent/Mortgage:	_____	\$ _____
Taxes:	_____	\$ _____
Electric:	_____	\$ _____
Gas:	_____	\$ _____
Heating Oil:	_____	\$ _____
Water:	_____	\$ _____
Sewer:	_____	\$ _____
Trash:	_____	\$ _____
Property Insurance:	_____	\$ _____
Telephone:	_____	\$ _____
Car Loan:	_____	\$ _____
Gasoline/Oil/Repairs:	_____	\$ _____
Car Insurance:	_____	\$ _____
Health Insurance:	_____	\$ _____
Dental/Vision Insurance:	_____	\$ _____
Life Insurance:	_____	\$ _____
Food/Groceries:	_____	\$ _____
SNAP Amount Received	\$ _____	
Household Supplies/Laundry:	_____	\$ _____

Child Care: \_\_\_\_\_ \$ \_\_\_\_\_

Child Support Paid by You: \_\_\_\_\_ \$ \_\_\_\_\_

Spousal Support Paid by You: \_\_\_\_\_ \$ \_\_\_\_\_

Clothing: \_\_\_\_\_ \$ \_\_\_\_\_

Charge Accounts: \_\_\_\_\_ \$ \_\_\_\_\_

Other Loans: \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

8. a) How many times you filed for bankruptcy in New York County? \_\_\_\_\_

b) Have you been approved for an attorney before? \_\_\_\_\_

9. If you have been held to an earning capacity in any child or spousal support or other matter, you must provide a copy of that Court Order.

10. 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.

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

Date: \_\_\_\_\_

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

**Contact Information for Petitioner**

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

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Any Other Phone #: \_\_\_\_\_

Interpreter Needed?  Yes  No Language: \_\_\_\_\_

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