

REQUEST FOR APPOINTMENT OF PRO BONO ATTORNEY

**THIS FORM MUST BE COMPLETED & RETURNED TO THE OFFICE OF COURT
ADMINISTRATION - COLUMBIA COUNTY COURTHOUSE, 35 WEST MAIN
STREET, BLOOMSBURG PA 17815. (PHONE 570-389-5679)**

CHECK ONE: COLUMBIA COUNTY _____ MONTOUR COUNTY _____

TYPE OF REQUEST:

Criminal _____ Civil _____ Divorce _____ Children & Youth _____ Custody/Visitation _____

Juvenile Probation _____ District Justice _____ Other _____ (State type of case)

HAS A HEARING DATE BEEN SCHEDULED? Yes _____ No _____ If yes, give date of
hearing & is the hearing before Judge _____ Master _____ Probation Officer _____ Other _____

HAVE YOU CONTACTED NORTH PENN LEGAL SERVICES FOR REPRESENTATION?

Yes _____ No _____ If yes, state the reason that you do not qualify for their service.

INCOME AND EXPENSE STATEMENT OF:

(Name) (Age)

(Street Address) (Date of Birth)

(Town, State, Zip Code) (Phone)

(Social Security Number)

MARITAL STATUS OF THE PARTIES: (If Applicable)

Married: Yes _____ No _____
Date of Marriage _____

Place of Marriage _____

Divorced: Yes _____ No _____

Date of Divorce _____

Separated: Yes _____ No _____

Place of Separation _____

CHILDREN: (If Applicable)

NAME	BIRTH DATE	AGE	RESIDENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUMMARIZE DETAILS OF THE CASE:

INCOME: What did your W-2 show as income for the past year? _____

Include income from all members of your household.

EMPLOYMENT: Complete and correct name & address of your employer:

Average pay per pay period (WEEKLY BI-WEEKLY MONTHLY) Circle One

GROSS \$ _____ TAKE HOME \$ _____

OTHER INCOME: (Monthly)

- Social Security \$ _____
- Unemployment Compensation \$ _____
- Workmen's Compensation \$ _____
- Public Assistance \$ _____
- Food Stamps \$ _____
- Child Support \$ _____

EXPENSES: (Monthly)

HOME:

Mortgage / Rent \$ _____

UTILITIES:

Electric \$ _____

Gas \$ _____

Oil \$ _____

Telephone \$ _____

Water / Sewage \$ _____

Garbage \$ _____

Cable \$ _____

TAXES:

Real Estate \$ _____

Personal Property \$ _____

Income \$ _____

INSURANCE:

Homeowners \$ _____

Automobile \$ _____

Life \$ _____

Health \$ _____

MEDICAL:

Doctor \$ _____

Dentist \$ _____

Orthodontist \$ _____

Medicine \$ _____

Special Needs \$ _____

LOAN / CREDIT PAYMENTS:

Credit Card \$ _____

Charge Account \$ _____

Credit Union \$ _____

Bank \$ _____

Loan Company \$ _____

MISCELLANEOUS:

Food \$ _____

Clothing \$ _____

Child Care \$ _____

Child Support \$ _____

Other \$ _____

Signature _____

Date _____