

APPLICATION FOR APPOINTMENT OF COUNSEL/WAIVER OF FEES

JD-JM-114 Rev. 2-2002
C.G.S. § 46b-135, 136, 53a-157b,
§ 52-259b, P.B. §§ 34-1, 8-2

INSTRUCTIONS TO APPLICANT

1. Print or type all information requested.
2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.
3. Bring this form to the superior court where your case will be filed or is pending.
4. If your application for fees payable to the court or for costs of service of process is denied, you may request a hearing on the application.

INSTRUCTIONS TO CLERK

1. Bring completed form to a judge.
2. If the application is granted, notify the applicant and counsel, if appointed.
3. If the application for fees payable to the court or for costs of service of process is denied, and upon the request of the applicant, schedule a hearing on the application.

STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS

www.jud.state.ct.us



TO: THE SUPERIOR COURT

NAME OF APPLICANT (Last, first, middle initial)		DATE OF BIRTH	ADDRESS OF APPLICANT (No., street, town, state and zip)
NAME OF EMPLOYER		ADDRESS OF EMPLOYER (No., street, town, state and zip)	TELEPHONE (Area code first)
RELATIONSHIP TO CHILD <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____		TELEPHONE (Area code first)	
NAME OF CHILD		DATE OF BIRTH	
DOCKET NO. (If applicable)	ADDRESS OF COURT		

TYPE OF PROCEEDING
 CHILD PROTECTION EMANCIPATION YOUTH IN CRISIS FAMILY WITH SERVICE NEEDS DELINQUENCY

APPOINTMENT OF COUNSEL	FEE WAIVER
<input type="checkbox"/> I request that the court appoint counsel to represent me.	I request that the court waive or have the State pay the fees indicated below. ("X" all that apply) <input type="checkbox"/> ENTRY FEE <input type="checkbox"/> FILING FEE <input type="checkbox"/> MARSHAL'S FEE <input type="checkbox"/> OTHER (Specify): _____

FINANCIAL AFFIDAVIT

FINANCIAL ASSISTANCE:

- STATE/CITY SSI ONLY
 UNEMPLOYMENT COMPENSATION
 WORKER'S COMPENSATION

IV. MONTHLY INCOME - OTHER PARENT

A. Gross monthly income (before deductions).....	
B. Net monthly income after taxes from monthly employment	
C. Other income (i.e., TANF, Social Security, etc.) (Specify source).....	
Source: _____	
TOTAL MONTHLY INCOME (B+C)	

Please attach copy of recent paystub if available.

V. ASSETS - APPLICANT

	ESTIMATED VALUE	LOAN BALANCE	EQUITY
A. Real Estate.....			REAL ESTATE
B. Motor Vehicles			MOTOR VEHICLE
C. Other Personal Property.....			OTHER PROPERTY
D. Savings Account Balance (Total of all accounts).....			SAVINGS
E. Checking Account Balance (Total of all accounts).....			CHECKING
F. Other Assets (Specify):.....			OTHER ASSETS
TOTAL ASSETS			

V. LIABILITIES/DEBTS - APPLICANT

(Do not include mortgage or loan balances that are listed under "Assets".)

TYPE OF DEBT	AMOUNT OWED	MONTHLY PAYMENT
TOTAL LIABILITIES		

II. MONTHLY INCOME - APPLICANT

A. Gross monthly income (before deductions).....	
B. Net monthly income after taxes from monthly employment.....	
C. Other income (i.e., TANF, Social Security, etc.) (Specify source).....	
Source: _____	
TOTAL MONTHLY INCOME (B+C)	

Please attach copy of recent paystub if available.

III. MONTHLY EXPENSES - APPLICANT

A. Rent/Mortgage.....	
B. Real Estate Taxes.....	
C. Utilities (Telephone, heat, electric, water, gas, etc.).....	
D. Food.....	
E. Clothing.....	
F. Insurance Premiums (Med./Dental, Auto, Life, Home).....	
G. Medical/Dental.....	
H. Transportation.....	
I. Child Care.....	
J. Other (Specify):.....	
TOTAL MONTHLY EXPENSES	

I certify that the foregoing information is accurate to the best of my knowledge and that I can, if requested, document all income, expenses, and liabilities listed on the front/page 1.

NOTICE ▶

Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

SIGNED (<i>Applicant</i>) X	PRINT NAME OF PERSON SIGNING AT LEFT	DATE SIGNED
SUBSCRIBED AND SWORN TO BEFORE ME:	ON (<i>Date</i>)	SIGNED (<i>Notary Public, Commissioner of the Superior Court, Assistant Clerk</i>)

ORDER

The Court, having found the applicant INDIGENT AND UNABLE TO PAY NOT INDIGENT hereby orders the application:

GRANTED as follows:

1. Counsel is NOT APPOINTED APPOINTED

2. The following fees are waived ENTRY FEE FILING FEE OTHER (*Specify:*) _____
(including additional \$5.00, if required)

3. The following fees are ordered paid by the State MARSHAL'S FEE NOT TO EXCEED \$ _____

OTHER (*Specify:*) _____

DENIED.

BY THE COURT (<i>Print or type name of Judge</i>)	ON (<i>Date</i>)	SIGNED (<i>Judge, Ass't Clerk</i>)	DATE SIGNED
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The following section applies only to a denial of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to appointment of counsel.

REQUEST FOR HEARING ON DENIED APPLICATION

I request a court hearing on the application.

X

SIGNED (<i>Applicant</i>) _____	DATE SIGNED _____
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HEARING TO BE HELD AT THE COURT LOCATION SHOWN ON FRONT/PAGE 1 ON THE DATE AND TIME SHOWN BELOW:			
HEARING ON (<i>Date</i>)	AT (<i>Time</i>)	ROOM NO.	SIGNED (<i>Assistant Clerk</i>)

ORDER AFTER HEARING

The Court, having found the applicant INDIGENT AND UNABLE TO PAY NOT INDIGENT hereby orders the application:

GRANTED as follows:

1. The following fees are waived ENTRY FEE FILING FEE OTHER (*Specify:*) _____
(including additional \$5.00, if required)

2. The following fees are ordered paid by the State MARSHAL'S FEE NOT TO EXCEED \$ _____

OTHER (*Specify:*) _____

DENIED.

BY THE COURT (<i>Print or type name of Judge</i>)	ON (<i>Date</i>)	SIGNED (<i>Judge, Ass't Clerk</i>)	DATE SIGNED
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