## \*\*\* ATTENTION \*\*\*

This is to inform you that, because of your history of non-payment of child support, any further finding of contempt in this case may result in your incarceration.

You now have the right to be represented by an attorney for any further child support contempt/arrears proceedings in this case. If you apply to the Court and are determined to be unable to afford an attorney, one may be appointed to represent you. In order for the Court to determine whether you are indigent and entitled to a court-appointed attorney, you must complete the attached:

## APPLICATION TO BE FOUND INDIGENT AND REQUEST FOR APPOINTMENT OF AN ATTORNEY IN CHILD SUPPORT ARREARS PROCEEDINGS

The **original** form must be filed as soon as possible after the summons issues advising you that a child support arrears petition has been filed. The form must be filed at the following address:

Family Court		Family Court	Family Court
New Castle County	_	Kent County 400 Court Street	Sussex County
500 N. King Street		400 Court Street	22 The Circle
Wilmington, DE 19801		Dover, DE 19901	Georgetown, DE 19947
302-255-0300		302-672-1000	302-855-7400

THIS WILL BE THE ONLY FORM YOU RECEIVE TO REQUEST APPOINTMENT OF COUNSEL IN A PROCEEDING INVOLVING NON-PAYMENT OF CHILD SUPPORT. IF YOU NEED THIS FORM IN THE FUTURE, CONTACT FAMILY COURT IN PERSON OR YOU CAN OBTAIN THE FORM ON THE COURT'S WEBSITE <a href="http://courts.delaware.gov/family/">http://courts.delaware.gov/family/</a>

## The Family Court of the State of Delaware In and For New Castle Kent Sussex County

In and For New Castle Kent Sussex County
APPLICATION TO BE FOUND INDIGENT AND
REQUEST FOR APPOINTMENT OF AN ATTORNEY
IN CHILD SUPPORT ARREARS PROCEEDINGS

Petitioner	. Responder	nt		
Name	Name		File Number	
Street Address (Including Apt)	Street Address (Including Apt)			
P.O. Box Number	P.O. Box Number	r		
City/State/Zip Code	City/State/Zip Co	de		Petition Number
Phone Number D.O.B.	Phone Number	D.O.B.		
Attorney Name	Attorney Name			
Interpreter needed? ☐ Yes ☐ No Language	Interpreter need	ed? ☐ Yes ☐ No		
I declare that I am the respondent in the above possible outcome and that I am unable to afform				
I ☐ am ☐ am not presently employed				
Current monthly salary If not employed, monthly salary from previous Date last employed	s job \$			
Reason for unemployment				<del></del>
If self-employed, average monthly income TOTAL income from employment (a)	\$	<u>,</u> ,	\$	
I receive monthly payments from the following TANF/General Assistance/Food stamps Pension Unemployment Compensation Workers' Compensation or Disability Paymer Social Security Disability Supplemental Security Income Other	\$ \$			
TOTAL income from monthly payments TOTAL from income and payments (a+b	(b)		\$	
I make monthly payments on the following de Child Support Rent/Mortgage Automobile Loan Personal or other loans Other TOTAL monthly payment on debts (c) Available income (a+b-c)	<u>\$</u>	3	\$	

Form 198A Dev 04/14

THER INCOME AND	ASSETS THAT MAY BE C	ONSIDERED:		
have received money t	from the following in the las	t 12 months		
Life Insurance Other Sources	\$		\$	
own the following, inclu	uding estimated value:			
Real Estate Cars or other vehicles	\$	Stocks and Bonds Other Property	\$	
		a	Affiant	
worn to subscribed be	efore me this	day of		→ <sup>2</sup>
		Clerk of Court/ Notar	y Public	Date
3	<u></u>	<u>DRDER</u>		
	e foregoing, <b>IT IS SO OF</b>			
☐ The Applicati	e foregoing, <b>IT IS SO OF</b>	RDERED:		is
☐ The Applicati ☐ The Applicati appointed to	on is <b>GRANTED</b> and represent the respond	RDERED:		is
☐ The Applicati ☐ The Applicati appointed to  The hearing is	e foregoing, IT IS SO OF on is DENIED. on is GRANTED and represent the respond s scheduled for:	RDERED:  ent on this petition.		
☐ The Applicati ☐ The Applicati appointed to  The hearing is	e foregoing, IT IS SO OF on is DENIED. on is GRANTED and represent the respond s scheduled for:	ent on this petition.		
☐ The Applicati ☐ The Applicati appointed to  The hearing is	e foregoing, IT IS SO OF on is DENIED. on is GRANTED and represent the respond s scheduled for:	ent on this petition.		

Attachment: Packet for Respondent's Counsel