Form 198LTR
Rev 05/14

*** 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 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
New Castle County
500 N. King Street
Wilmington, DE 19801
302-255-0300

☐ Family Court
Kent County
400 Court Street
Dover, DE 19901
302-672-1000

☐ Family Court
Sussex County
22 The Circle
Georgetown, DE 19947
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 http://courts.delaware.gov/family/

Form 198A
Dev 04/14

The Family Court of the State of Delaware

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	*v. Respondent*	
Name	Name	File Number
Street Address (Including Apt)	Street Address (Including Apt)	
P.O. Box Number	P.O. Box Number	
City/State/Zip Code	City/State/Zip Code	Petition Number
Phone Number D.O.B.	Phone Number D.O.B.	
Attorney Name	Attorney Name	
Interpreter needed? ☐ Yes ☐ No Language	Interpreter needed? ☐ Yes ☐ No Language	

I declare that I am the respondent in the above-captioned case(s), that I have been advised incarceration is a possible outcome and that I am unable to afford counsel. I respectfully request the Court to appoint counsel.

I ☐ am ☐ am not presently employed

Current monthly salary $ _____
If not employed, monthly salary from previous job $ _____
Date last employed _____
Reason for unemployment _____

If self-employed, average monthly income $ _____
TOTAL income from employment (a) $ _____

<u>I receive monthly payments from the following:</u>
TANF/General Assistance/Food stamps $ _____
Pension $ _____
Unemployment Compensation $ _____
Workers' Compensation or Disability Payments $ _____
Social Security Disability $ _____
Supplemental Security Income $ _____
Other $ _____
TOTAL income from monthly payments (b) $ _____
TOTAL from income and payments (a+b) $ _____

<u>I make monthly payments on the following debts</u>
Child Support $ _____
Rent/Mortgage $ _____
Automobile Loan $ _____
Personal or other loans $ _____
Other $ _____
TOTAL monthly payment on debts (c) $ _____
Available income (a+b-c) $ _____

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I have $ _____ in cash and $ _____ In checking and/or savings

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

I have received money from the following in the last 12 months

Life Insurance $ _____ Gifts or inheritance $ _____
Other Sources $ _____

I own the following, including estimated value:

Real Estate $ _____ Stocks and Bonds $ _____
Cars or other vehicles $ _____ Other Property $ _____

_____
Affiant

Sworn to subscribed before me this _____ day of _____ , _____

_____ _____
Clerk of Court/ Notary Public Date

ORDER

Upon review of the foregoing, **IT IS SO ORDERED:**

☐ The Application is **DENIED.** _____

☐ The Application is **GRANTED** and _____ is appointed to represent the respondent on this petition.

The hearing is scheduled for: _____

☐ Other: _____

_____

_____

_____ _____
Date Judge/Commissioner

Cc: ☐ Petitioner ☐ Respondent ☐ DAG ☐ Appointed Counsel ☐ AOC
☐ FC.Appointed.Attorneys@state.de.us

Attachment: Packet for Respondent's Counsel