**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**MOTION AND AFFIDAVIT TO BE FOUND INDIGENT AND**

**REQUEST FOR APPOINTMENT OF AN ATTORNEY**

# **IN DEPENDENCY PROCEEDINGS**

*Petitioner Respondent*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | Name | |  | File Number |
|  | |  |  | |  |  |
| Street Address (including Apt) | |  | Street Address (including Apt) | |  |  |
|  | |  |  | |  |  |
| P.O. Box Number | |  | P.O. Box Number | |  |  |
|  | |  |  | |  | Petition Number |
| City/State/Zip Code | |  | City/State/Zip Code | |  |  |
|  | |  |  | |  |  |
| Phone Number | D.O.B. |  | Phone Number | D.O.B. |  |  |
|  |  |  |  |  |  |  |
| Interpreter needed?  Yes  No | |  | Interpreter needed?  Yes  No | |  | |
| Language | |  | Language | |  | |

I am the respondent in the above-captioned case, and I can not afford an attorney. 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: | | |  | | | ) | | | | | |  | | |  |
|  | |  | | | |  | |  | | | | | |  | | |  |
| If self-employed, average monthly income: | | | | | | | |  | | | | | | $ | | |  |
|  | | | | | | | |  | | | | | |  | | |  |
|  | **TOTAL income from employment (a):** | | | | | | | **$** | | |  | | | |  | | |
|  | | | | | | | |  | | | | | |  | | |  |
| I receive monthly payments from the following: | | | | | | | | | |  | | | |  | | |  |
| Pension: | | | | | | | | | |  | | | | $ | | |  |
| Unemployment Compensation: | | | | | | | | | |  | | | | $ | | |  |
| Worker’s Compensation or disability payments: | | | | | | | | | |  | | | | $ | | |  |
| Interest or dividends: | | | | | | | | | |  | | | | $ | | |  |
| Other: | | | | | | | | | |  | | | | $ | | |  |
|  | | | | | | | | | |  | | | |  | | |  |
|  | **TOTAL income from monthly payments (b):** | | | | | | | | **$** | | |  | | | |  | |
|  | | | | | | | | | |  | | | |  | | |  |
|  | **TOTAL from employment and payments (a+b):** | | | | | | | | **$** | | |  | | | |  | |
|  | | | | | | | | | |  | | | |  | | |  |
| Monthly payments and living expenses: | | | | | | | | | |  | | | |  | | |  |
| Child Support: | | | | | | | | | |  | | | | $ | | |  |
| Mortgage / Rent: | | | | | | | | | |  | | | | $ | | |  |
| Automobile loan: | | | | | | | | | |  | | | | $ | | |  |
| Personal or other loan: | | | | | | | | | |  | | | | $ | | |  |
| Utilities: | | | | | | | | | |  | | | | $ | | |  |
| Food: | | | | | | | | | |  | | | | $ | | |  |
| Health Insurance: | | | | | | | | | |  | | | | $ | | |  |
| Automobile Insurance: | | | | | | | | | |  | | | | $ | | |  |
| Other: | | | | | | | | | |  | | | | $ | | |  |
|  | | | | | | | | | |  | | | |  | | |  |
|  | **TOTAL monthly payments on debts (c):** | | | | | | | | **$** | | |  | | |  | | |
|  | | | | | | | | | |  | | | |  | | |  |
| **AVAILABLE INCOME (a+b-c)** | | | | | | | | | **$** | | |  | | |  | | |
|  | | | | |  | | | | | | | |  | | | |  |
| I have $ | | |  | In cash and $ | | |  | In checking and/or savings accounts. | | | | | | | | | |

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Life Insurance: | $ |  |  |  |  | Gifts or inheritance: | $ |  | |
| Other sources: | $ |  |  |  |  |  |  |  |  |

I own the following, including estimated value:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Real Estate: | $ |  |  |  |  | Stocks or Bonds: | $ |  |
| Cars or other vehicles: | $ |  |  |  |  | Other Property: | $ |  |

|  |  |
| --- | --- |
| If an attorney does not represent me in this case there is a risk that the procedures used will lead to an erroneous | |
| decision because: |  |

|  |  |
| --- | --- |
| Reasons why I can not afford an attorney: |  |

SWORN TO AND SUBSCRIBED before me this date,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Notary Public Signature | Date | | | Movant Signature |
|  |  | | |  |
|  |  | | | Movant Print Name |

*Do not sign until you are in the presence of a Notary Public.*

**NOTICE: Intentionally providing false, incomplete or misleading information on this form may result in criminal prosecution.**

**AFFIDAVIT OF MAILING**

|  |  |  |
| --- | --- | --- |
| I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on the       day of       ,       and sent to the other party or attorney at the address listed on the petition, first class postage pre-paid. | | |
|  |  |  |
|  | Movant |  |
| Sworn to subscribed before me this       day of      , | | |
|  |  |  |
|  | Clerk of Court/ Notary Public |  |

**ORDER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Having considered the request of the movant, | | |  | | , |
| **IT IS SO ORDERED**, this date: | |  | |  | |
|  | | | | | |
| That the movant | is determined to be indigent, and the Court shall appoint counsel to represent him/her. | | | | |
|  | is determined to not be indigent. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Judge/Commissioner Print Name | | | Judge/Commissioner Signature | |
|  | | | | |
| CC: | Petitioner  Respondent  Petitioner Attorney  Respondent Attorney  DAG  Appointed Counsel | | | |
|  | FC.Appointed.Attorneys@delaware.gov  Other: | | |  |

**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | , | )  )  )  )  )  )  )  )  ) |  | |
| Petitioner |  |  | File No.: |  |
| v. |  |  |  | |
|  | , |  | Petition No.: |  |
|  |  |  |  | |
| Respondent |  |  |  | |
|  |  |  |  | |

**NOTICE OF MOTION**

|  |  |
| --- | --- |
| TO: |  |

|  |  |
| --- | --- |
| PLEASE TAKE NOTICE that the attached Motion |  |

is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Movant/Attorney |
|  |  |  |
|  |  | Print Name |
|  |  | Name and address of Movant/Attorney |
|  |  |  |
|  |  | Street Address |
|  |  |  |
|  |  | P.O. Box Number |
|  |  |  |
|  |  | City/State/Zip Code |
|  |  |  |