

**ALLEGANY COUNTY
APPLICATION FOR ASSIGNED COUNSEL - FAMILY COURT**

(Revised – April 2017)

DATE: _____

SCREENED BY: _____

A.

NAME: _____ FORMER SURNAMES/OTHER NAMES USED: _____

MAILING ADDRESS: _____ DATE OF BIRTH: _____

_____ CELL PHONE: _____

NUMBER OF FINANCIAL DEPENDENTS IN HOUSEHOLD : _____ ALTERNATE NUMBER(S): _____

_____ EMAIL ADDRESS: _____

B. Current Case Information

1. Type of Case – check all that apply

- Custody
- Visitation
- Abuse/Neglect
- Family Offense
- Paternity
- Support Violation

2. Has a Petition already been Filed?

- No
- Yes, if yes, What is the Court Date? _____
- Docket Number: _____

3. Name of other Party Involved: _____

D. Employment

Occupation (if student, indicate the school attending):

Name and Address of Current Employer:

If Self-Employed, Describe Nature of Employment:

Amount of Net (Take-Home) Pay:

\$ _____ per Year Month Bi-Weekly Week

C. Applicants Information

1. List ALL Members of your Household, Relationship to them and their age: _____

2. List the Names and Addresses of the other Parent(s) of your Children: _____

3. Have you been Represented by an Attorney in the Past?

If so, Who? _____

4. List any other Information which may be Relevant to this Application: _____

Instructions for Court/Screeners: Using the FPG Income Chart, is the applicant's income at or below 250% FPG? Yes No

Applicant Signature: _____ **Date:** _____



Applicant: STOP here. Await further instructions.

Instructions for Court/Screeners: Is Applicant presumptively eligible for assigned counsel? Yes No
If Yes, counsel will be assigned. If No, proceed to the back of the application.

**Email this completed application to
carissa.jackson@alleganyco.gov**

TO BE COMPLETED ONLY IF APPLICANT IS NOT PRESUMPTIVELY ELIGIBLE

OTHER INCOME

Does the applicant receive pension, annuity or retirement payments? ____ Yes ____ No

Does the applicant currently receive income from owned real estate? ____ Yes ____ No

If yes, list the amount: _____

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance).

1. _____ 2. _____

ASSETS

List estimated total amount currently in applicant's bank accounts (savings and checking): _____

List all real estate applicant owns: Current Market Value (estimate): _____ Amount Owed: _____

List any vehicles applicant owns not necessarily used for basic life activities: _____

_____ Current Market Value (estimate): _____ Amount Owed: _____

List value of all stocks or bonds in applicant's name (other than retirement account): _____

MONTHLY LIVING EXPENSES

Food: \$ _____ Rent/Mortgage: \$ _____ Utilities: \$ _____ Transportation/Auto Expense (including

Payments and Insurance): \$ _____ Child Care \$ _____ Child Support Paid: \$ _____ Alimony

Paid Out \$ _____ Medical Bills (Including Health Insurance, Medications, Medical Debts) \$ _____

List other expenses. Include employment-related expenses, educational loans and costs, minimum monthly credit card payments, unreimbursed medical expenses and expenses related to age or disability:

1. _____ 2. _____

Signature _____ Date _____

COST OF RETAINING PRIVATE COUNSEL

What is the average cost of retaining private counsel in your county for the case the applicant is involved with?

Based on the information in the previous section (seriousness of the case, income and expense information, etc.) will this applicant be able to afford the cost of counsel indicated above? ____ Yes ____ No

ELIGIBILITY

Is the applicant eligible for assigned counsel? ____ Yes ____ No

If answering no, state why? _____

