



# APPLICATION FOR COURT APPOINTED COUNSEL

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

You must provide the following documentation with your application:

## A. Proof of Income for past 3 months.

- a. **Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

## B. Tax Returns (previous year).

## C. Bank Statements or Verification of Liquid Assets for past 3 months

- a. **Liquid Assets include:** Cash on hand or in accounts, stocks, bonds, certificates of deposit, equity, personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment. If you own a vehicle, you must bring in a copy of the registration and/or title.

## D. Drivers Licenses for each adult in the household.

## E. Proof of Dependents. (Birth certificates, adoption papers or custody papers)

- F. **Expenses.** You may be asked to provide proof of expenses at the discretion of the Court. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.

<b>INCOME ELIGIBILITY GUIDELINES (Amended January 2016)</b>						
<b>Family Size</b>	<b>Monthly Income*</b>	<b>Monthly Income plus 10%</b>	<b>Monthly Income plus 75%</b>	<b>Yearly Income*</b>	<b>Yearly Income plus 10%</b>	<b>Yearly Income plus 75%</b>
1	\$1,238	\$1,361	\$2,166	\$14,850	\$16,335	\$25,988
2	\$1,669	\$1,836	\$2,920	\$20,025	\$22,028	\$35,044
3	\$2,100	\$2,310	\$3,675	\$25,200	\$27,720	\$44,100
4	\$2,531	\$2,784	\$4,430	\$30,375	\$33,413	\$53,156
5	\$2,963	\$3,259	\$5,184	\$35,550	\$39,105	\$62,213
6	\$3,394	\$3,733	\$5,939	\$40,725	\$44,798	\$71,269
7	\$3,826	\$4,209	\$6,696	\$45,913	\$50,504	\$80,347
8	\$4,259	\$4,685	\$7,454	\$51,113	\$56,224	\$89,447
* 125% of poverty level as determined by the Department of Health and Human Services						
For family units with more than eight members, add \$347 per month to "monthly income" or \$4,160 per year to "yearly income" for each additional family member.						
Source: FEDERAL REGISTER (81FR4036, 01/25/2016)						

