

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 ATLAS Number (if applicable): _____

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

In the matter of

 (Name)

Case No. _____

vs

**REQUEST FOR APPOINTMENT
 OF ATTORNEY**

 (Name)

INSTRUCTIONS: The judge needs to know about your financial situation in determining whether or not you qualify for the appointment of an attorney. Use care in answering the questions, for you could be subjected to punishment for contempt of court or to prosecution for perjury if you knowingly give false or misleading information.

FINANCIAL QUESTIONNAIRE

1. SUPPORT RESONSIBILITIES: I support myself and the following people (list the people for whom you believe you provide over one-half of the financial support):

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. STATEMENT OF INCOME AND EXPENSES:

My employer is: _____
 Address: _____
 Telephone Number: _____

(Continued on next page)

A. My monthly income is:

- 1. Monthly gross pay: \$ _____
 - 2. ALL additional monthly income
(Example: husband, wife, significant
Other, and/or child support, etc.) \$ _____
- Explain: _____

TOTAL MONTHLY INCOME: \$ _____

B. My monthly expenses and debts are:

	PAYMENTS AMOUNT	BALANCE DUE
1. Rent/Mortgage Payments:	\$ _____	\$ _____
2. Food/Household Supplies	\$ _____	\$ _____
3. Utilities/Telephone	\$ _____	\$ _____
4. Medical/Dental/Drugs	\$ _____	\$ _____
5. Laundry	\$ _____	\$ _____
6. Health Insurance Payments	\$ _____	\$ _____
7. Laundry	\$ _____	\$ _____
8. Child Support	\$ _____	\$ _____
9. Child Care	\$ _____	\$ _____
10. Car Loan Payment	\$ _____	\$ _____
11. Car Insurance Payment	\$ _____	\$ _____
12. Gasoline/Transportation Fare	\$ _____	\$ _____
13. Credit Card Payments	\$ _____	\$ _____
14. Other Payments and Debts	\$ _____	\$ _____

TOTAL OF EXPENSES AND DEBTS OWED: \$ _____

3. STATEMENT OF ASSETS:

I own the following property:

- 1. Cash and Bank Accounts: \$ _____
- 2. Credit Union Accounts: \$ _____
- 3. Cash/Other Vehicles (Describe) \$ _____

- 4. Equity in Real Estate
 - a. Home \$ _____
 - b. Other Property (Describe) \$ _____

5. Other including stocks, bonds, ending estate or lawsuit settlements, etc.
(Describe)

TOTAL PROPERTY: \$ _____

4. Other facts that support this application are: (for example, describe and provide proof of unusual medical needs, financial hardship, cost of care of elderly or disabled family member, other extraordinary expenses)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL OF EXTRAORDINARY EXPENSES: \$ _____

I will promptly notify the Court in writing if any of my financial circumstances change during the pendency of this Court action. If that happens, I may be able to pay toward attorney costs that have been provided.

Applicant's Signature

SUBSCRIBED AND SWORN OR AFFIRMED and acknowledged before me on this date:

Notary Public/Deputy Clerk

Notary Expiration Date: _____