

IN RE:
ADOPTION OF
A MINOR

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA
:
: ORPHANS' COURT DIVISION
:
: DOCKET NO.

APPLICATION FOR COURT APPOINTED COUNSEL

I, _____, acting on my own behalf, have been notified that through these proceedings, an effort is being made to end my rights as a parent in the following child/ren: _____

_____. I wish to oppose this effort, and be represented by a lawyer. However, as shown by the attached Certificate of Indigency, I do not have sufficient funds with which to pay an attorney, and therefore, ask this Honorable Court to appoint one to represent me without fee.

The statements made in this Application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

Date

Respondent/Applicant

IN RE:
ADOPTION OF
A MINOR

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA
:
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CERTIFICATE OF INDIGENCY

1. I am the Respondent/Applicant in the above matter, and because of my financial condition, am unable to pay the fees and costs of defending the action, or to hire an attorney to represent me.

2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation and/or for the services of an attorney.

3. I represent that the information below relating to my ability to pay attorney fees and docket costs is true and correct:

(a) Name: _____

Address: _____

Social Security Number: _____

(b) Employment

If you are presently employed, state

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state

Date of last employment: _____

Salary or wages per month: _____

(c) Other income within the past twelve months

Business or profession: _____

Other self-employment: _____

Interests: _____

Dividends: _____

Pensions and annuities: _____

Social Security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental
benefits: _____

Workman's compensation: _____

Public Assistance: _____

Other: _____

(d) Other contributions to household support

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, state

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make _____ Year _____

Cost \$ _____ Amount Owed \$ _____

Stocks; bonds: _____

Other: _____

(f) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support

(Wife) (Husband) Name: _____

Children, if any:

Name: _____ Age: _____

Other persons:

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the court of any improvement in my financial circumstances which would permit me to pay the costs incurred herein and/or attorney fees.

5. I verify that the statements made in this document are true and correct, and understand that false statements herein are being made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Date

Respondent/Applicant

PHONE NUMBER: