## UNITED STATES DISTRICT COURT DISTRICT OF CONNECTICUT

Nam	ne of Plaintiff/Petitioner	<del></del>
	V.	Case No.
Nam	ne of Defendant/Respond	<u> </u>
	MOTION	N FOR APPOINTMENT OF COUNSEL
		PERSONAL/FINANCIAL DATA
1.	Your full name:	
	Your present mailing a	address:
	Telephone number:	( )
2.	Are you presently emp	oloyed? YES NO
3.		YES, please provide the name and address of your employer or usual weekly earnings.
	Weekly earnings:	
4.	employer, the date (appr	employed, please provide the name and address of your last oximate) that you last worked, and the amount of weekly ving
	Date last worked:	
	Weekly earnings:	

Approximately how much money have you received in the past twelve months in the form of:				
a) salary, wages, commissions, or earned income of any kind?				
b) interest, dividends, rents or investments of any kind?				
c) gifts or inheritances of any kind?				
How much money do you have in any checking or savings account(s)?				
Checking:				
Savings:				
Prison account:				
Do you own any real estate, stocks, bond valuable property (excluding household it	ls, notes, automobiles, boats, or other			
If YES, describe the property and state th	e approximate value:			
How much money do you owe others? For each debt, state the name of the creditor and the amount owed:				
CREDITOR	AMOUNT OWED			

them. If any person is a minor child, identify that person by initials only.
Are there any persons regularly residing in your household who are over the a 18 and who are presently employed? YES NO
If the answer is YES, please provide the following information for each such per
Name:
Relationship:
Employer:
Weekly Earnings:
Include any other information which supports your claim that you cannot finan afford to employ an attorney.
Nature of Your Claim
Describe in your own words the nature of the claim which you are presenting court in your complaint/petition.

## **EFFORTS TO OBTAIN AN ATTORNEY**

## The Court strongly suggests that you contact a minimum of three attorneys. Have you spoken with any attorney about handling your case? YES \_\_\_\_\_ NO \_\_\_ 13. 14. If your answer to #13 is YES, please provide the following information about each attorney with whom you spoke: a) Attorney's name Date you contacted this attorney \_\_\_\_\_ Method of contact (in person, by telephone, etc.) Reason why attorney was not employed to handle your case \_\_\_\_\_ b) Attorney's name \_\_\_\_\_ Date you contacted this attorney \_\_\_\_\_ Method of contact (in person, by telephone, etc.) Reason why attorney was not employed to handle your case c) Attorney's name Date you contacted this attorney \_\_\_\_\_ Method of contact (in person, by telephone, etc.)

Reasor	eason why attorney was not employed to handle your case		
Explain	n any other efforts you have made to obtain an attorney to handle your cas		
	provide any other information which supports your application for the coloint counsel.		
•	need a lawyer who speaks a language other than English? NO		
If you a	nswered YES, what language do you speak?		

I declare under the penalties of perjury that my answers to the foregoing questions are true to the best of my knowledge.

I understand that if I am assigned a lawyer and my lawyer learns, either from myself, or elsewhere, that I can afford a lawyer, the lawyer may give this in formation to the court. See Local Rule 83.10(b)(4) and (g).

I understand that if my answers on my application to proceed in <u>forma pauperis</u> and/or on this application for appointment of counsel are false, my case may be dismissed. <u>See</u> 28 U.S.C. §1915(e).

I hereby waive my privilege of attorney-client confidentiality to the extent necessary for my appointed attorney to make an application to be relieved from appointment as provided in Local Rules 83.10(c) and (d).

I understand that filing this motion does not excuse me from litigating my case, and that it is still my responsibility to have the defendants served with process in accordance with Rule 4 of the Federal Rules of Civil Procedure, if I have not already done so. I also understand that filing this motion does not stay this case and does not excuse me from responding to any motion filed by the defendants.

Date	Original Signature of Movant
	Printed Name of Movant
	(Address)
	(City, State, Zip Code)
If this motion is being filed AFTER the complai certificate of service below.	nt has been served, please complete the
CERTIFICATE O	OF SERVICE

I hereby certify that on	a copy of foregoing was filed electronically and
served by mail on anyone unable to accept ele	ctronic filing. Notice of this filing will be sent by
e-mail to all parties by operation of the Court's	electronic filing system or by mail to [Below list
the names and addresses of anyone unable to	accept electronic filing] as indicate on the
Notice of Electronic Filing. Parties may access	this filing through the Court's CM/ECF System.
List here:	

Original Signatu	re of Movant
------------------	--------------