

**IN THE COURT OF COMMON PLEAS  
OF THE 37<sup>TH</sup> JUDICIAL DISTRICT  
OF PENNSYLVANIA  
\_\_\_\_\_ COUNTY BRANCH  
JUVENILE**

**IN RE: IN THE INTEREST OF:**

**J.D. No.     of 20\_\_\_\_\_**

\_\_\_\_\_,  
**a minor child**

**PETITION FOR THE APPOINTMENT OF COUNSEL  
IN A DEPENDENCY ACTION**

TO THE HONORABLE \_\_\_\_\_, THE JUDGE OF SAID COURT:

The petitioner respectfully represents and petitions the court as follows:

1. Petitioner is the natural parent of the captioned minor child, \_\_\_\_\_  
and resides at \_\_\_\_\_ and  
is the Respondent in the above entitled action.

2. Petitioner's social security number is \_\_\_\_\_  
and his/her income and expense information as set forth below is complete and true.

3. That this is an action for dependency.

4. That this is a civil action which may lead to the deprivation of substantial rights of the  
petitioner and thus raises due process and equal protection questions where by the petitioner is  
entitled to the assignment of counsel.

5. That the petitioner is, for financial reasons, unable to obtain counsel to represent him/her  
in this action as the petitioner does not have sufficient income or assets to hire counsel nor does  
petitioner have the ability to borrow money or obtain gifts from relatives, friends, or otherwise in  
order to hire counsel. Petitioner has made the following efforts to obtain counsel:

\_\_\_\_\_  
\_\_\_\_\_

6. I represent that the information below relating to my ability to pay counsel fees is true and correct:

(a) Employment

(i) I am presently employed and state as follows:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Salary or wages per month \_\_\_\_\_

Type of work \_\_\_\_\_

(ii) I am presently unemployed and state as follows:

Date of last employment \_\_\_\_\_

Salary or wages per month \_\_\_\_\_

Type of work \_\_\_\_\_

(b) Other income within the past twelve months

Business or profession \_\_\_\_\_

Other self-employment \_\_\_\_\_

Interest \_\_\_\_\_

Dividends \_\_\_\_\_

Pension and annuities \_\_\_\_\_

Social security benefits \_\_\_\_\_

Support payments received \_\_\_\_\_

Disability payments \_\_\_\_\_

Unemployment compensation and  
supplemental benefits \_\_\_\_\_

Worker's compensation \_\_\_\_\_

Public Assistance \_\_\_\_\_

Other \_\_\_\_\_

(c) Other contributions to the support of my household (wife) (husband) (other adult living with me) \_\_\_\_\_

( ) My (wife) (husband) (or other adult) is employed, and I state:

Employer \_\_\_\_\_

Salary or wages per month \_\_\_\_\_

Type of work \_\_\_\_\_

Contributions from children \_\_\_\_\_

Contributions from parents \_\_\_\_\_

Other contributions \_\_\_\_\_

( ) My wife, husband, or other adult is not employed.

(d) Property owned

Cash \_\_\_\_\_

Checking account \_\_\_\_\_

Savings account \_\_\_\_\_

Certificates of deposit \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle: Make \_\_\_\_\_ Year \_\_\_\_\_

Cost \_\_\_\_\_ Amt.owed \_\_\_\_\_

Stocks; bonds \_\_\_\_\_

Other \_\_\_\_\_

(e) Debts and obligations:

Mortgage \_\_\_\_\_

Rent \_\_\_\_\_

Loans \_\_\_\_\_

Other \_\_\_\_\_

(f) Persons dependent upon me for support

(Wife) (husband) Name \_\_\_\_\_

Children, if any

Name	Age
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Other persons:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

7. Petitioner (is) (is not) receiving Public Assistance.

8. I agree that I have a continuing obligation to inform the Court and my court appointed counsel of any improvement in my financial circumstances which then may enable me to pay attorney's fees.