

# Petition for Appointment of an Attorney

## ***Instructions***

1. **Complete** the Petition, the Current Employer Information form, and the top portion of the Order.
2. **Attach** your Public Defender Denial Letter/Evaluation Forms that includes the financial calculations.
3. **Return** the *completed* and *notarized* Petition and forms to the Portage County Clerk of Court office. (The Clerk can notarize with photo identification at the counter)

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## ***What Happens Next?***

The Clerk of Court will review your documents and inform you if you need to contact the Judge's Judicial Assistant (JA). (Branch 2 cases, clerk will keep and electronically submit)

The Judge who is assigned to your case will review and determine if you are eligible for a "Court Appointed Attorney" or if a hearing is needed to help make that determination.

*If "Indigency Hearing" scheduled:* You will be notified by the JA of the date and time. You will need to appear for the hearing. After the hearing and if eligible, the Court will appoint an attorney to represent you. You also may need to complete a wage assignment form at the Clerk of Court's office.

*If hearing is not required:* If eligible, you will be informed by the JA of any repayment arrangement (you may need to complete a wage assignment form for Br 1) and be informed of your appointed attorney contact information. If you don't qualify, you will also be informed.

## ***Wage Assignment or Income Assignment Order Information***

Deducted amounts received from your employer will be applied to the attorney fees first, then to any monies still owed in your case(s). After all has been paid, any excess would be returned to you.

## **Appointed Attorney Rates**

\$70 per hour  
Effective 01-01-2020 \$100 per hour

Amended

-VS-

**Petition for Appointment  
of an Attorney,  
Affidavit of Indigency**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE THAT** because of poverty, I am unable to pay for an attorney to represent me in this case. I petition the court for appointment of an attorney.

I applied for representation through the state public defender, but was found ineligible for their services.

I was found eligible for a state public defender in this case on [Date] \_\_\_\_\_. The state public defender has not appointed an attorney to represent me within a reasonable time.

**Section 1.**

I currently receive

- Supplemental security income.       Relief funded under §59.53(21), Wis. Stats.       Medical assistance.
- Food stamps/FoodShare.               Relief funded under public assistance.
- Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
- Legal representation from a civil legal services program or a volunteer attorney program based on indigency.

Name of program: \_\_\_\_\_

Other means-tested public assistance: \_\_\_\_\_

My financial situation  has  has not changed since I became eligible for this program.

**Section 2.**

1. I  am  am not married.

2. I  am  am not employed. Name of employer: \_\_\_\_\_

3. I earn (gross pay) \$ \_\_\_\_\_  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay (after taxes and deductions) is \$ \_\_\_\_\_ per pay period.

4. I receive gross monthly income totaling the amount of \$ \_\_\_\_\_ from  
 Pension       Social security       Unemployment compensation  
 Disability       Student loans/grants       Other: \_\_\_\_\_

5. I have the following cash assets:

Savings accounts: \$ \_\_\_\_\_  Cash: \$ \_\_\_\_\_  
 Checking accounts: \$ \_\_\_\_\_  Money owed me: \$ \_\_\_\_\_

6. I have the following other assets:

Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_  Household furnishings: \$ \_\_\_\_\_  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_  Equity in real estate: \$ \_\_\_\_\_  
 Other individual assets valued over \$200 each: \_\_\_\_\_ \$ \_\_\_\_\_

7. My household consists of myself and \_\_\_\_\_ others:

|                  |                           |              |                              |                             |
|------------------|---------------------------|--------------|------------------------------|-----------------------------|
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. The other members of my household have gross monthly income totaling the amount of \$ \_\_\_\_\_ from
- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Wages        | <input type="checkbox"/> Social security                                    | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare        |
| <input type="checkbox"/> Pension      | <input type="checkbox"/> Student loans/grants                               | <input type="checkbox"/> Unemployment compensation             | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability   | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes |  | <input type="checkbox"/> Support/maintenance          |
| <input type="checkbox"/> Other: _____ |   |  |   |

9. I have the following debts:

|                  | Amount   | Monthly Payment |
|------------------|----------|-----------------|
| a. Mortgage/Rent | \$ _____ | _____           |
| b. Auto loan     | \$ _____ | _____           |
| c. Credit cards  | \$ _____ | _____           |
| d. Other: _____  | \$ _____ | _____           |
| _____            | \$ _____ | _____           |

10. I have the following unusual expenses, other than ordinary living expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
 Notary Public/Court Official

\_\_\_\_\_  
 Name Printed or Typed

My commission/term expires: \_\_\_\_\_

I understand that if my financial situation changes,  
 I must notify the court immediately.

▶ \_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print or Type Name Date of Birth

\_\_\_\_\_  
 Address (City, State, Zip)

\_\_\_\_\_  
 Telephone Number

Case #: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

The Judge will determine if you qualify for a court appointed attorney and if a reimbursement amount will be required. If reimbursement is ordered, the Judge may require a wage assignment be in place to ensure payments. Providing your current employer information, will help expedite the Court Appointed Attorney process.

### Current Employer Information

|                 |  |
|-----------------|--|
| Employer Name   |  |
| Street Address  |  |
| City, State Zip |  |
| Employer Phone  |  |

Case #: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

The Judge will determine if you qualify for a court appointed attorney and if a reimbursement amount will be required. If reimbursement is ordered, the Judge may require a wage assignment be in place to ensure payments. Providing your current employer information, will help expedite the Court Appointed Attorney process.

### Current Employer Information

|                 |  |
|-----------------|--|
| Employer Name   |  |
| Street Address  |  |
| City, State Zip |  |
| Employer Phone  |  |

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Amended

-VS-

**Order on Petition for Appointment of an Attorney**

Case No. \_\_\_\_\_

\_\_\_\_\_ filed a Petition for Appointment of an Attorney on [Date] \_\_\_\_\_.

**THE COURT FINDS AND ORDERS:**

This Petition is

1. **GRANTED** because the court finds the person is currently indigent. An attorney shall be appointed at county expense as set forth below. The person shall be required to reimburse the county for such representation as follows:
- No reimbursement required.
  - Repayment at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ until the total sum is paid. The first payment shall be made on [Date] \_\_\_\_\_. Payments shall be made to the Clerk of Court.
  - Other: \_\_\_\_\_

The following attorney is appointed to represent the defendant:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

The attorney shall be compensated at

current state public defender rates.  \$ \_\_\_\_\_.

2. **DENIED** because the court finds
- the person is not indigent.
  - Other: \_\_\_\_\_

**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.**

**DISTRIBUTION:**

1. Clerk of Court/Register in Probate