

**APPLICATION FOR APPOINTMENT OF COUNSEL/WAIVER OF FEES/ PAYMENT OF COSTS - JUVENILE**

JD-JM-114 Rev. 1-22  
C.G.S. §§ 46b-135, 136, 51-289a, 53a-157b, 52-259b  
P.A. 21-15; P.B. §§ 8-2, 30a-1, 32a-1

**This form is available in other language(s).**

**To: The Superior Court**

<p align="center"><b>Instructions To Applicant</b></p> <p>1. <i>Print or type all information requested.</i></p> <p>2. <i>Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.</i></p> <p>3. <i>Submit this form immediately in person, by mail or fax to the superior court where your case will be filed or is/was pending.</i></p> <p>4. <i>If your application is denied, you may request a hearing on the application.</i></p>	<p align="center"><b>Instructions To Clerk</b></p> <p>1. <i>Bring completed form to a judge.</i></p> <p>2. <i>If the application is granted, notify the applicant and counsel, if appointed.</i></p> <p>3. <i>If the application is denied, and upon the request of the applicant, schedule a hearing on the application.</i></p>
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STATE OF CONNECTICUT  
**SUPERIOR COURT**  
**JUVENILE MATTERS**  
www.jud.ct.gov

Name of applicant ( <i>Last, first, middle initial</i> )		Date of birth	Address of applicant ( <i>Number, street, town, state and zip</i> )		
Name of employer		Address of employer ( <i>Number, street, town, state and zip</i> )		Telephone ( <i>Area code first</i> )	
Relationship to child <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____					Telephone ( <i>Area code first</i> )
Name of child	Date of birth	Name of child	Date of birth	Name of child	Date of birth
Docket number ( <i>If applicable</i> )		Address of court			

Type of proceeding

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Delinquency    | <input type="checkbox"/> Termination of parental rights petition | <input type="checkbox"/> Appeal from Juvenile Court Decision |
| <input type="checkbox"/> Emancipation   | <input type="checkbox"/> Neglect, uncared-for, abused petition   | <input type="checkbox"/> Probate transfer                    |
| <input type="checkbox"/> Probate appeal | <input type="checkbox"/> Transfer/Reinstatement of guardianship  | <input type="checkbox"/> Other ( <i>Specify</i> ): _____     |

**Appointment of Counsel**

I ask that the court appoint an attorney to represent me.

**Fee Waiver/Payment of Costs**

I ask that the court order that I do not have to pay fees or costs or order the State to pay the fees and costs below. (*Select all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Entry fee ( <i>fee to file case</i> )          | <input type="checkbox"/> Costs of service of process ( <i>delivery of papers by state marshal or other proper officer</i> ) |
| <input type="checkbox"/> Filing fee ( <i>fee to file motion, etc.</i> ) | <input type="checkbox"/> Appellate filing fee (Supreme or Appellate Court)  |
| <input type="checkbox"/> Other ( <i>Specify</i> ): _____                | <input type="checkbox"/> Cost of the transcript for appeal  |

**Grounds for Appeal**

(*Complete if requesting waiver of Appellate filing fee (Supreme or Appellate Court) and/or payment of cost of the transcript for appeal*)

The grounds on which I propose to appeal are: \_\_\_\_\_

**Financial Affidavit**

**1. Dependents**

Number of dependents under 18	
Number of other dependents	
Total number of dependents ( <i>not including yourself</i> )	

**2. Gross Monthly Income and Assistance - Applicant**

A. Employment	
B. State/City Assistance	
C. SSI	
D. Unemployment Compensation	
E. Worker's Compensation	
F. Social Security	
G. Pension	
H. Child Support	
I. Alimony	
<b>Total Gross Monthly Income</b>	

**3. Gross Monthly Income and Assistance - Totals Other Adult Household Members**

A. Employment	
Name of employer: _____	
B. State/City Assistance	
C. SSI	
D. Unemployment Compensation	
E. Worker's Compensation	
F. Social Security	
G. Pension	
H. Child Support	
I. Alimony	
<b>Total Gross Monthly Income</b>	

\* **Total Gross Monthly Income of all adult members of the household:**  
(*Add Total Monthly Income of Applicant and any other adults in the household*)

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Please attach copy of recent paystub(s) if available.

\*If you claim zero Total Monthly Income, explain how you are supported:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Assets - Applicant**

	Estimated Value	Loan Balance	Equity
A. Real Estate			
Address: _____			
B. Motor Vehicles			
Year/Make: _____			
C. Other Personal Property			
<i>(for example, jewelry, furniture, etc.)</i>			
D. Savings Account Balance (Total of all accounts)			
E. Checking Account Balance (Total of all accounts)			
F. Other Assets (Specify stocks, bonds, trust, cd's):			

**Total Assets**

**5. Liabilities/Debts - Applicant**

*(for example, credit card balances, loans, etc.) (Do not include mortgage or loan balances that are listed under "Assets".)*

Type of Debt	Amount Owed	Weekly Payment
<b>Total Liabilities</b>		

I certify that the information on this application is accurate to the best of my knowledge and that I can, if requested, document all income, assets, and liabilities listed on this application.

**Notice** ▶

**Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.**

Signed (Applicant)	Print name of person signing at left	Date signed
Subscribed and sworn to before me:	On (Date)	Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk)

**Order**

The Court, having found the applicant *(Select all that apply)*

Indigent and unable to pay     Not indigent and able to pay    hereby orders the application:

Granted as follows:

1. Counsel is

- Appointed
- Appointed in the interests of justice pursuant to Connecticut General Statutes Section 46b-136.
- The applicant is ordered to reimburse the Public Defender Services Commission at its approved rate for the costs of providing an attorney and said costs shall be payable upon receipt of an invoice from the Public Defender Services Commission.

2. The following fees are waived *(including additional \$5.00, if required)*

- Entry fee     Filing fee     Appellate filing fee (Supreme or Appellate Court)     Cost of the transcript for appeal.
- Other (Specify): \_\_\_\_\_

3. The following fees/costs are ordered paid by the State

- Marshal's fee not to exceed \$ \_\_\_\_\_
- Cost of the transcript for appeal in accordance with Practice Book Section 63-6.
- Other (Specify): \_\_\_\_\_

Denied.

By the Court (Print or type name of Judge)	On (Date)	Signed (Judge, Ass't Clerk)	Date signed
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**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).