

Clicking on the question marks ( ) will give you information about that section of the form.

APPLICATION FOR APPOINTMENT OF COUNSEL/WAIVER OF FEES JUVENILE

JD-JM-114 Rev. 10-11 C.G.S. §§ 46b-135, 136, 53a-157b, § 52-259b, P.A. 11-51, Sec. 19; P.B. §§ 8-2, 30a-1, 32a-1

- Instructions To Applicant 1. Print or type all information requested. 2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney. 3. Submit this form immediately in person, by mail or fax to the superior court where your case will be filed or is pending. 4. If your application is denied, you may request a hearing on the application.

- Instructions To Clerk 1. Bring completed form to a judge. 2. If the application is granted, notify the applicant and counsel, if appointed. 3. If the application is denied, and upon the request of the applicant, schedule a hearing on the application.

STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS

www.jud.ct.gov



To: The Superior Court

Form fields for applicant information: Name of applicant, Date of birth, Address of applicant, Name of employer, Address of employer, Telephone, Relationship to child, Name of child, Date of birth, Docket number, Address of Court, Type of proceeding (Delinquency, Termination of parental rights petition, Appeal from Juvenile Court Decision, Family with service needs, Probate appeal, Other, Emancipation, Probate transfer, Neglect, uncared-for, abused petition, Transfer/Reinstatement of guardianship).

Appointment of Counsel

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

Fee Waiver

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. ("X" all that apply)

- Entry fee (fee to file case) Costs of service of process (delivery of papers by state marshal or other proper officer) Filing fee (fee to file motion, etc.) Other (Specify):

Financial Affidavit

1. Dependents

Number of dependents under 18, Number of other dependents, Total number of dependents (not including yourself)

2. Gross Monthly Income and Assistance - Applicant

Income categories: 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

Total Gross Monthly Income

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

Income categories for other adults: 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

Total Gross Monthly Income

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

4. Assets - Applicant

Table for Assets: A. Real Estate, B. Motor Vehicles, C. Other Personal Property, D. Savings Account Balance, E. Checking Account Balance, F. Other Assets, 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".)

Table for Liabilities: Type of Debt, Amount Owed, Weekly Payment, Total Liabilities

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

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

I certify that the foregoing information is accurate to the best of my knowledge and that I can, if requested, document all income, assets, and liabilities listed on the front/page 1.

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

**Order**

The Court, having found the applicant ("*x*" *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     Entry fee     Filing fee     Other (*Specify:*) \_\_\_\_\_  
(*including additional \$5.00, if required*)

3. The following fees are ordered paid by the State     Marshal's fee not to exceed \$ \_\_\_\_\_  
 Other (*Specify:*) \_\_\_\_\_

Denied.

By the Court ( <i>Print or type name of Judge</i> )	On ( <i>Date</i> )	Signed ( <i>Judge, Ass't Clerk</i> )	Date signed
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