

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

| Instructions To Applicant | Instructions To Clerk |
|--|--|
| <ol style="list-style-type: none"> 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/was pending. 4. If your application is denied, you may request a hearing on the application. | <ol style="list-style-type: none"> 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

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

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 (fee to file case) | <input type="checkbox"/> Costs of service of process (delivery of papers by state marshal or other proper officer) |
| <input type="checkbox"/> Filing fee (fee to file motion, etc.) | <input type="checkbox"/> Appellate filing fee (Supreme or Appellate Court) |
| <input type="checkbox"/> Other (Specify): _____ | <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 | <input type="text"/> |
| Number of other dependents | <input type="text"/> |
| Total number of dependents (not including yourself) | <input type="text"/> |

2. Gross Monthly Income and Assistance - Applicant

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

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

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

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

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

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

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 |
|--------------------------|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Liabilities | | |

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 |
|--|-----------|-----------------------------|-------------|

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.