

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT**

APPLICATION FOR APPOINTMENT OF ATTORNEY

ATTORNEYS ARE APPOINTED UNDER THIS COURT'S PRO BONO PROGRAM TO REPRESENT INDIVIDUAL DEBTORS IN CHAPTER 7 AND CHAPTER 13 CASES.

IF YOUR APPLICATION FOR THE APPOINTMENT OF AN ATTORNEY IS GRANTED AND IF THE ATTORNEY ASSIGNED TO REPRESENT YOU DETERMINES THAT IT IS IN YOUR BEST INTEREST TO FILE A PETITION UNDER CHAPTER 13 AND A CHAPTER 13 PLAN IS FILED, YOUR ATTORNEY MAY REQUEST THE COURT TO ALLOW A REASONABLE FEE AND REIMBURSEMENT FOR ACTUAL, NECESSARY EXPENSES TO BE PAID OUT OF THAT PLAN.

INSTRUCTIONS

1. If this is a joint application (filed by a husband and wife), each must provide all requested information. Please indicate by (H) and (W) if an answer to a particular question only applies to the husband or to the wife.
2. Attach additional sheets of paper if necessary.
3. Return this motion to:
Clerk, United States Bankruptcy Court
The Connecticut Financial Center
157 Church Street, 18th Floor
New Haven, CT 06510

I. Personal/Financial Data

A. State your full name, present mailing address, and a telephone number:

B. Do you presently have a pending bankruptcy case? _____
If the answer is yes, state the location of the court _____
and the bankruptcy case number _____

C. Are you presently employed? _____
If the answer is yes, state:

(a) the kind of job(s) you have: _____

(b) the name, address, and telephone number of your employer:

(c) the amount of your usual weekly wages or salary:

gross \$ _____; take home pay \$ _____

D. Are you self employed? _____

If the answer is yes, state:

(a) the kind of work you do: _____

(b) the name, address, and telephone number of your business: _____

(c) the amount of your usual weekly income:

gross \$ _____; take home pay \$ _____

E. If you are not presently employed or self employed state:

(a) the name and address of your last employer: _____

(b) when you last worked: _____

(c) the amount of your last weekly wages, salary, or income:

gross \$ _____; take home pay \$ _____

F. Approximately how much money have you received in the past twelve months from:

(a) salary, wages, commissions, and other income: \$ _____

(b) interest, rent, and investments of any kind: \$ _____

(c) gifts, inheritance, and the sale of any property of any kind: (attach itemized list)
\$ _____

G. Do you have any money in any checking, savings, credit union, or similar accounts?

If the answer is yes, state:

(a) the name and address of the depository (bank, credit union, etc):

(b) your account number(s): _____

(c) the amount of money in each account: \$ _____

H. Is any person, company, or governmental agency holding any money or property which you have a right to demand or receive? _____

If the answer is yes, state:

(a) the name and address of the person, company, or agency: _____

(b) the basis for your claim: _____
(c) the amount of money and/or a description of the property: _____

J. Do you own any real estate or other property, excluding household items and clothing: _____

If the answer is yes, describe the property: _____

and state:

(a) its location: _____

(b) the approximate present value of each such item of property after deducting the current balance of all mortgages and other liens on that property: _____

K. List each person who depends upon you for support and state your relationship to that person:

L. Are there any persons regularly residing in your household who are over the age of eighteen and regularly employed? _____

If the answer is yes, state as to each person:

(a) name: _____

(b) relationship to you: _____

(c) name and address of employer: _____

M. Itemize all household and living expense per month:

(a) rent/mortgage payments: \$ _____

(b) food: \$ _____

(c) utilities: \$ _____

(d) transportation: \$ _____

(e) insurance: \$ _____

(f) other: \$ _____

(g) _____ \$ _____

(h) _____ \$ _____

(i) _____ \$ _____

(j) _____ \$ _____

Total \$ _____

N. Include any other information which you believe supports your claim that you cannot afford to employ an attorney: _____

II. Efforts to Obtain an Attorney

A. Have you spoken with any attorney about handling your bankruptcy case or any matter arising out of or relating to your bankruptcy case? _____

If the answer is yes, state:

(a) Each attorney's name and address: _____

(b) The approximate date you contacted each attorney: _____

(c) How (by telephone, in person, etc.): _____

(d) Reason why attorney was not employed: _____

B. Do you need an attorney who speaks a language other than English? _____

If the answer is yes, state the language you speak: _____

I declare under the penalties of perjury that my answers to the foregoing questions are true to the best of my knowledge.

I understand that if I am assigned an attorney and my attorney learns, either from me or elsewhere, that I can afford an attorney, my attorney may give that information to the Court. *See* Bankruptcy Court Local Rule 1(b) and District Court Local Rule 29(b)(4) and (g).

I hereby waive my privileges of attorney/client confidentiality to the extent necessary for my appointed attorney to make an application to be relieved from appointment as provided in District Court Local Rule 29(c) and (d).

Dated:

Signature of Applicant

Signature of Applicant

Do not write below this line

ORDER

The Application for Appointment of Attorney is GRANTED/DENIED AND IT IS ORDERED THAT

is appointed to represent the applicant.

Dated:

Lorraine Murphy Weil
United States Bankruptcy Judge