

Full name: _____
Address: _____
Phone: _____
E-mail: _____

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

Case No.: ____-CV-____-____

(List the full name(s) of the plaintiff(s)/petitioner(s))

v.

**MOTION FOR APPOINTMENT OF
PRO BONO COUNSEL**

(List the full name(s) of the defendant(s)/respondent(s))

I, _____, ask the Court to request a pro bono attorney to represent me in this action.

I need an attorney in this case because (briefly explain why you need an attorney in this case):

To support this motion, I declare under penalty of perjury that the following information is true and correct:

1. When I filed this case (check the appropriate box):
 - I filed an IFP application in this case and it is still an accurate representation of my current financial status.
 - I paid the filing fee for this case and did not file an IFP application.
 - I did not pay the filing fee for this case and I did not file an IFP application (explain below):

2. I am requesting an attorney to represent me as a(n):
 Individual Company (LLC, LLP, etc.)
3. I am currently incarcerated: Yes No **If yes**, where are you currently incarcerated:

4. I contacted a lawyer, law firm, or legal clinic to try to obtain legal representation.
 Yes No **If yes**, list the lawyers, law firms, or clinics you contacted and their responses to your requests:

5. I am currently employed (self or other): Yes No
If yes, complete the following:
 Employer name: _____ Take home pay: \$ _____
 Employer address: _____ Per: Hour Week Month
 _____ Time on job: ____ Months Years
6. My significant-other is currently employed (self or other): Yes No N/A
If yes, complete the following:
 Employer name: _____ Take home pay: \$ _____
 Employer address: _____ Per: Hour Week Month
 _____ Time on job: ____ Months Years
7. I received money from the following sources in the last 12 months (check all that apply):
 Business (professions, self-employment) in the amount of: \$ _____
 Rental properties, interest, or dividends in the amount of: \$ _____
 Pensions, annuities, or life insurance in the amount of: \$ _____
 Disability or workers compensation in the amount of: \$ _____
 Unemployment benefits in the amount of: \$ _____
 Other (describe): _____ in the amount of: \$ _____
 None of the above.
8. I own the following assets (check all that apply):
 Stocks (describe): _____ in the amount of: \$ _____
 Real estate (describe): _____ in the amount of: \$ _____
 Bonds (describe): _____ in the amount of: \$ _____
 Securities (describe): _____ in the amount of: \$ _____

- Automobiles (describe): _____ valued at: \$ _____
- Other (describe): _____ in the amount of: \$ _____
- _____ in the amount of: \$ _____
- _____ in the amount of: \$ _____
- None of the above.

9. I have money in the following accounts (check all that apply):

- Checking, total current balance of: \$ _____
- Savings, total current balance of: \$ _____
- Certificate of Deposit (CD), total current balance of: \$ _____
- Money Market, total current balance of: \$ _____
- Credit union, total current balance of: \$ _____
- Prison trust account, total current balance of: \$ _____
- Other accounts (list all other accounts):
 - _____ in the amount of: \$ _____
 - _____ in the amount of: \$ _____
- None of the above.

10. I am financially responsible for the following monthly expenses (check all that apply):

- Rent/mortgage payments in the amount of: \$ _____
- Utilities in the amount of: \$ _____
- Child/spousal support in the amount of: \$ _____
- Credit card/loan payments in the amount of: \$ _____
- Insurance (home, medical, auto) in the amount of: \$ _____
- Transportation/auto payments in the amount of: \$ _____
- Other (list all other monthly expenses):
 - _____ in the amount of: \$ _____
 - _____ in the amount of: \$ _____
- None of the above.

11. I am financially responsible for the following dependents (if under age 18, use initials):

Name or initials: _____ Amount of monthly support: \$ _____
 Relationship to you: _____ Age: _____

Name or initials: _____ Amount of monthly support: \$ _____
 Relationship to you: _____ Age: _____

Name or initials: _____ Amount of monthly support: \$ _____
 Relationship to you: _____ Age: _____

- I am not financially responsible for any dependents.

DECLARATION

1. I declare under the penalty of perjury that my answers to the foregoing questions are true and correct.
2. 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.
3. I understand that even if the Court grants this application, I will receive pro bono counsel only if an attorney volunteers to take my case, and that there is no guarantee that an attorney will volunteer to represent me.
4. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____