

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: \_\_\_\_\_