

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE

Court of Appeals

Court of First Instance, Superior Part Municipal Part of _____

CASE NO. _____

Re: _____
Offenses, faults or civil matters

APPLICATION FOR THE APPOINTMENT OF COUNSEL

To the Honorable Court:

Now comes _____ :

- the applicant [person for whom this application is filed],
- the applicant's representative, or
- the underage applicant, represented by his/her mother, father, legal guardian, or other person with custody, and

respectfully requests that this Court assign a court-appointed counsel in this case, since legal representation was denied by entities offering free legal services and the applicant does not have the financial means to defray the services of an attorney. In support of this application, I declare, under penalty of perjury, that the answers provided below are true.

INSTRUCTIONS: Complete all questions in this form and sign it. Do not leave any questions in blank. If the answer to a question is "0", "none" or "not applicable (N/A)," write-in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case docket number, and the question number.

A. INFORMATION OF THE PERSON FOR WHOM THIS APPLICATION IS SUBMITTED

Name Initial First Last Name Second Last Name
Date of Birth (day/month/year): _____ Age: _____ Sex: _____
Civil Status: married single divorced widow/er
 separated in a consensual relationship
Can the applicant read? Yes No Can the applicant write? Yes No
Highest degree completed: _____
Professional or vocational formation: _____
Physical Address: _____
Mailing Address: _____
Email Address: _____
Telephones: (_____) _____ Mobile (_____) _____ Residential
Is the applicant currently remanded in custody? Yes No
If yes, provide the name of the institution: _____
Is the applicant admitted to hospital or in psychiatric or correctional institution? Yes No
If yes, provide the name of the institution: _____
Has the applicant been declared incapacitated by a court? Yes No
If yes, provide the date of the judicial declaration of incapacity (day/month/year), the issuing court, and the case docket number: _____
Has a court issued a ruling to litigate as an indigent party (*in forma pauperis*) in this case?
 Yes No
If yes, provide the date of the court ruling (day/month/year): _____

B. EMPLOYMENT AND FINANCIAL INFORMATION OF THE PERSON FOR WHOM THIS APPLICATION IS SUBMITTED, HIS/HER SPOUSE, PARENTS, LEGAL GUARDIAN, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR (Please specify each source of income and attach proof thereof, such as pay stubs, employment verification, cheques, bank statements, tax returns, certifications issued by the Municipal Revenue Collection Center (CRIM), certifications issued by the Child Support Administration (ASUME), contracts, etc.)

State whether the applicant is currently employed: Yes No

If yes, fill out the following information:

Occupation: _____

Name of Employer: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Salary: \$ _____ weekly bi-weekly every 15 days monthly

Is the applicant currently on unpaid leave? Yes No

If yes, state the period of the leave granted and the reason: _____

Does the applicant own a business? Yes No

If yes, fill out the following information:

Name and type of business: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Is the applicant self-employed? Yes No

If yes, fill out the following information:

Type of business: _____

Address: _____

Telephone: (_____) _____ Ext. _____

If the applicant is unemployed, provide the date last employed (day/month/year): _____

Provide the name of the employer, position, address, and monthly salary of the last employment:

List employment experience during the last three (3) years (include the name of the employer, address, date of employment, position, and monthly salary for each):

State whether the spouse or partner is currently employed: Yes No

If yes, fill out the following information:

Occupation: _____

Name of Employer: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Salary: \$ _____ weekly bi-weekly every 15 days monthly

Is the spouse or partner currently on unpaid leave? Yes No

If yes, state the period of the leave: _____

Does the spouse or partner own a business? Yes No

If yes, fill out the following information:

Name and type of business: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Is the spouse or partner self-employed? Yes No

If yes, fill out the following information:

Type of business: _____

Address: _____

Telephone: (_____) _____ Ext. _____

If the spouse or partner is unemployed, provide the date he/she was last employed (day/month/year), name of the employer, position, address, and monthly salary of his/her last employment:

State monthly earnings:

Gross monthly income from employer, own business or self-employment \$ _____

Gross monthly income of spouse or partner from employer, own business or self-employment _____

Other monthly income of applicant or of spouse or partner (such as tips, commissions, interests, dividends, rent, bonds, stipends, or other earnings. Please specify the source and amount for each item.) _____

Total income: \$ _____

State other household income:

	Applicant	Spouse/Partner
<input type="checkbox"/> Unemployment benefits	\$ _____	\$ _____
<input type="checkbox"/> Financial Aid	_____	_____
<input type="checkbox"/> Nutritional Assistance Program (PAN)	_____	_____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	_____	_____
<input type="checkbox"/> Low-Income Veterans Benefits	_____	_____
<input type="checkbox"/> Pensions		
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> Veterans	_____	_____
<input type="checkbox"/> State Insurance Fund	_____	_____
<input type="checkbox"/> Retirement	_____	_____
<input type="checkbox"/> Federal Government	_____	_____
<input type="checkbox"/> Other pensions (specify each)		
_____	_____	_____
_____	_____	_____
Total of other income: \$ _____		

Has the applicant or his/her spouse or partner received any money from any of the following sources within the last past twelve (12) months? If yes, state the amount of received.

		Applicant	Spouse/Partner
Retirement, disability, annuity or life insurance payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Income from real estate property (such as a sale or rental income)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from personal property (such as motor vehicles or boats)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interests or dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Inheritances, donations or gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Support for relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prizes in casino, lottery, horse racing games or other games of chance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other sources of income (explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are any major changes in monthly income expected during the next twelve (12) months?

Yes No

If yes, please explain: _____

Does the applicant receive any of the following benefits?

Government Health Plan Subsidies for utilities (electricity/water)

Does the applicant file income tax return? Yes No

If yes, indicate the last tax year filed: _____

Has the applicant filed for bankruptcy claim in federal court? Yes No

If yes, indicate the filing date of the claim: _____

If the applicant was declared bankrupt, state the amount of payment, if any: \$ _____

Is the applicant obliged to pay child support? Yes No

If yes, provide the names of each obligee and the amount provided in monthly child support each one: _____

Are there child support payments in arrears? Yes No

If yes, provide the names of each obligee and the amount of each debt: _____

Is this application for the appointment of counsel related case for child support debt?

Yes No

C. INFORMATION ON ASSETS BELONGING TO THE PERSON FOR WHOM THIS APPLICATION IS SUBMITTED, HIS/HER SPOUSE OR PARTNER, PARENTS, LEGAL GUARDIAN, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: (Please attach proof of the assets reported, such as deeds, property titles, contracts, certifications of real or personal property issued by the Municipal Revenue Collection Center (CRIM), motor vehicle registrations, banks statements, etc.)

Does the applicant or his/her spouse or partner own his/her place of residence?

Yes No

If yes, provide the following information:

Address of the property: _____

Description of the property: _____

Estimated value of the property: \$ _____

Area of the land plot: _____

If mortgaged, state the amount owed: \$ _____

Is the applicant subject to a mortgage foreclosure proceeding? Yes No

Has it been referred to mediation? Yes No

Does the applicant or his/her spouse or partner own any other real estate property (such as houses, apartments, lots, or plot of land)? Yes No

If yes, provide the following information for each piece of real estate property:

Address of the property: _____

Description of the property: _____

Estimated value of the property: \$ _____

Area of the land plot: _____

If mortgaged, state the amount owed: \$ _____

Address of the property: _____

Description of the property: _____

Estimated value of the property: \$ _____

Area of the land plot: _____

If mortgaged, state the amount owed: \$ _____

State whether the applicant or his/her spouse or partner owns any other property, such as jewelry, stocks, bonds, notes, or any other valuable property:

Description	Estimated Value
	\$

State all motor vehicles (such as automobiles, trucks, motorcycle, trailers, four tracks, or any other land vehicle) belonging to the applicant or members of his/her household:

Make	Model	Year	Financial Institution, if applicable	Estimated Value of the Vehicle
				\$

State all watercraft (such as boats, vessels or jet skis) belonging to the applicant or members of his/her household:

Make	Model	Year	Financial Institution, if applicable	Estimated Value of the Vehicle
				\$

State how much cash the applicant and his/her spouse or partner have:

\$ _____

Specify any money the applicant or his/her spouse or partner has in bank accounts:

Financial Institution	Type of Account	Amount
		\$

Does the applicant or his/her spouse or partner have IRA accounts or pension plans?

Yes No

If yes, state the name of the institution and the amount: \$ _____

State every person (natural or artificial), business, or organization owing the applicant or the applicant's spouse or partner money:

Name	Amount owed
	\$

If the applicant is in custody, please provide a certified copy of the applicant's bank statement reflecting activity in the previous six (6) months before this case (for which appointment of counsel is sought) was filed. This copy must be delivered by an officer of the institution where the applicant has been remanded into custody. Also, state the amount in the account for said bank statement: \$ _____ .

D. INFORMATION AND INCOME OF THE PERSONS LIVING IN THE HOUSEHOLD AS THE PERSON FOR WHOM THIS APPLICATION IS SUBMITTED: (Please specify each source of income and attach proof thereof, such as pay stubs, cheques, bank statements, tax returns, etc.)

Information of the individuals living in the household:

Name and Last Names	Relation	Age	Dependent	Source of income	Gross Monthly Income
			<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Information of other dependents not residing in the same household as the applicant, or person for whom the appointment of counsel is requested:

Name and Last Names	Age	Relation

E. INFORMATION ON MONTHLY EXPENSES AND OBLIGATIONS: (Please attach proof of the expenses stated, such as contracts, payment books, canceled cheques, bank statements, bills, payment receipts, etc.)

State all monthly expenses:

- Food \$ _____
- Clothing _____
- Water utility _____
- Electricity _____
- Telephone _____
- Transportation _____
- Mortgage or rent for main residence _____
- Medical insurance _____
- Medical expenses _____
- Other (describe): _____
- _____
- _____
- _____
- _____
- _____
- _____

Total expenses: \$ _____

State all monthly obligations and debts (such as credit cards, personal loans, commercial loans, automobile financing loan or lease, line of credit):

Name of Creditor	Balance Owed	Monthly Payment
	\$	\$

Total monthly payment: \$ _____

Are any major changes in monthly expenses or obligations expected during the next twelve (12) months? Yes No

If yes, explain: _____

F. ACTIONS TAKEN TO OBTAIN LEGAL SERVICES: (Please attach proof of the actions taken and the determination, as applicable.)

Has an attorney been hired or been paid any money for services in connection with this case, including the completion of this form? Yes No

If yes, provide the following information:

Name of the attorney: _____

Address of the attorney: _____

Amount paid: \$: _____

Have efforts to retain counsel by means other than a court appointment been made?

Yes No

If yes, explain: _____

Have services from entities offering free legal services been requested to retain counsel in this case? Yes No

If yes, explain the actions taken and the entities determination, as applicable:

Legal Aid Society (SAL) _____

Puerto Rico Legal Services Corporation _____

Oficina Legal de la Comunidad _____

Pro – Bono Inc. _____

Law School Legal Aid Clinics _____

Other institution _____

Has appointment of counsel been requested previously in this case or in any case brought before the court? Yes No

If counsel was appointed, state the following for each case: the parties, the nature of the proceeding (civil or criminal), case docket number, and the judicial region (include both pending and terminated actions):

Provide any other information that will help explain why the applicant cannot pay for attorney's fees in this case.

G. ENCLOSURES

Please find enclosed with this application are _____ documents in support of the information provided in sections B, C, D, E, and F of this form.

H. APPLICANT'S CONTACT INFORMATION, WHEN APPLICATION FOR APPOINTMENT OF COUNSEL IS FOR ANOTHER:

Name: _____

Relation to the applicant: _____

Physical Address: _____

Email Address: _____

Telephone: (_____) _____

Do you know of any contacts or relatives who may provide additional information on the person for whom a court appointment is requested? Yes No

If yes, please fill out the following information:

Name: _____

Relation to the applicant: _____

Physical Address: _____

Email address: _____

Telephone: (_____) _____

I. APPLICANT'S STATEMENT

I understand that any false statement or answer in this application carries a penalty of perjury under the current Criminal Code, and I may be subject to the penalty prescribed therein for committing said offense. In addition, and in accordance with the Rules for the Appointment of Counsel in Puerto Rico, I am aware that a declarant providing false information in this application may found in contempt of court.

By setting my hand to this application, I hereby certify, under penalty of perjury, that the information provided in this document (and enclosures, if any) is true to the best of my knowledge, and I attest that the foregoing is true and correct.

In _____, Puerto Rico, on this _____ day of _____ 20 _____.

Name of Applicant or Representative

Signature of Applicant or Representative