

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK**

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Plaintiff,

**APPLICATION FOR  
APPOINTMENT OF COUNSEL**

-against-

\_\_\_\_ CV \_\_\_\_\_ (    )

Defendant.

-----X

1. Name & mailing address of applicant \_\_\_\_\_
2. Explain why you feel you need a lawyer in this case.  
(Use additional paper if necessary).
3. Explain what steps you have taken to find an attorney and with what results.  
(Use additional paper if necessary).
4. If you need a lawyer who speaks in a language other than English, state what 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 a lawyer and my lawyer learns, either from myself or elsewhere, that I can afford a lawyer, the lawyer may give this information to the Court.

I understand that if my answers on my Affidavit in Support of Application for Appointment of Counsel are false, my case can be dismissed. I hereby waive my privilege of attorney-client confidentiality to the extent necessary for my appointed attorney to make an application to be relieved as provided in the Procedures Regarding Appointment of Attorneys in Pro Se Civil Actions.

I understand that making this application does not excuse me from litigating my case, and that it is still my responsibility to have the defendants served with a summons and complaint, if I have not already done so.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (excluding ordinary household furnishings and clothing) ( ) Yes ( ) No

	<u>Value</u>	<u>Source</u>
If YES, give the value & describe	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

Marital Status:( ) Single( ) Married( ) Widowed( ) Separated or Divorced

Total Number of Dependents: \_\_\_\_\_

List persons you support and relationship to them:

<u>Name</u>	<u>Relationship</u>
_____	_____

	<u>Creditors</u>	<u>Total Debt</u>	<u>Monthly Payments</u>
Apartment or Home	_____	_____	_____
Other:	_____	_____	_____

**Please Note:** I understand that if the Court appoints counsel to represent me and I am successful, the assigned attorney has the statutory right to request that the Court award a fee of up to 25% of accrued Social Security or Supplemental Security Income benefits.

**WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION ON THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH.**

\_\_\_\_\_  
Signature of Plaintiff