

Amended

**Petition for Appointment of  
An Attorney, Affidavit of  
Indigency and Order**

-VS-

Case No. \_\_\_\_\_

**UNDER OATH, I STATE THAT** because of poverty, I am unable to pay for an attorney to represent me in this case. I petition the court for appointment of an attorney.

I applied for representation through the state public defender, but was found ineligible for their services.

**Complete Section 1 if you receive aid from any of the programs listed.  
If you do not receive aid, complete Section 2 only.**

**Section 1.**

I currently receive

- Supplemental security income.       Relief funded under §59.53(21), Wis. Stats.       Medical assistance.
- Food stamps/FoodShare.               Relief funded under public assistance.
- Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
- Legal representation from a civil legal services program or a volunteer attorney program based on indigency.

Name of program: \_\_\_\_\_

Other means-tested public assistance: \_\_\_\_\_

My financial situation  has  has not changed since I became eligible for this program.

**If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.**

**Section 2.**

1. I  am  am not married.
2. I  am  am not employed. Name of employer: \_\_\_\_\_
3. I earn (gross pay) \$ \_\_\_\_\_  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay (after taxes and deductions) is \$ \_\_\_\_\_ per pay period.
4. I receive gross monthly income totaling the amount of \$ \_\_\_\_\_ from
  - Pension       Social security       Unemployment compensation
  - Disability       Student loans/grants       Other: \_\_\_\_\_
5. I have the following cash assets:
  - Savings accounts: \$ \_\_\_\_\_       Cash: \$ \_\_\_\_\_
  - Checking accounts: \$ \_\_\_\_\_       Money owed me: \$ \_\_\_\_\_
6. I have the following other assets:
  - Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Household furnishings: \$ \_\_\_\_\_
  - Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Equity in real estate: \$ \_\_\_\_\_
  - Other individual assets valued over \$200 each: \_\_\_\_\_ \$ \_\_\_\_\_
7. My household consists of myself and \_\_\_\_\_ others:
 

Full name: _____	Relationship to me: _____	Under age 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No



STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF THE OUTSTANDING OBLIGATIONS OF

Income Assignment Order for Unpaid Fines and Other Financial Obligations

Debtor

Case No(s). \_\_\_\_\_

Date of Birth

THE COURT FINDS:

- 1. The debtor has been ordered by the court to pay fines, forfeitures, restitution, or other court obligations. The obligation has not been timely paid and the amount owed is \$ \_\_\_\_\_, plus interest of \$ \_\_\_\_\_ and any future accruing interest.
2. The address of the debtor is
Address: \_\_\_\_\_
City/State/Zip Code: \_\_\_\_\_
Telephone Number: \_\_\_\_\_
3. The name and address of the debtor's employer(s) or payor is
Name(s): \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip Code: \_\_\_\_\_
Telephone Number: \_\_\_\_\_

THE COURT ORDERS:

- 1. You as the employer or other person owing any of the following to the debtor
• commissions;
• earnings;
• salaries;
• wages;
• pension benefits;
• benefits under Chapter 102 (worker's compensation); or
• other money due or to be due the defendant in the future
shall pay those monies to the clerk of court for this county until the total amount due has been paid or further order of the court.
2. You shall withhold \_\_\_\_\_% of gross income or \$ \_\_\_\_\_, per [frequency] \_\_\_\_\_, to commence on [Date] \_\_\_\_\_. No more than 25% of the debtor's disposable income may be withheld unless the debtor agrees to have the full amount withheld. Disposable income means the debtor's earnings after deducting social security taxes and federal and state income taxes listed on a debtor's wage statement. This order shall take priority over all other income withholding orders, garnishments, and voluntary wage assignments with the exception of
• any child/family support, maintenance, and orders for health insurance coverage for children;
• orders issued by any court under Chapter 13 of Title 11; or
• any debt due for any state or federal taxes.

If, for each payment under this order, 25% or more of the debtor's disposable earnings are being withheld by the employer/payor under an order for child/family support, no funds may be withheld under this order.

Within five (5) days after each day on which the employer pays money to the defendant, the employer shall send the amount withheld to the clerk of circuit court that provided notice of income assignment.

3. You shall remit payment to  
[Name and Address]

4. You may deduct and retain necessary disbursements not to exceed \$3.00 for each payment to comply with this order.

5. If you have already received and are collecting on another assignment for unpaid fines and other obligations from this or another court, then

- check the box below indicating you have received other assignment(s);
- sign, date, and return a COPY of this form to the clerk of courts of this county within ten (10) days of receiving this notice; and
- keep the original of this form and when the prior assignment(s) are paid in full, begin making the payments required by this assignment until the total amount due under this assignment is fully paid.

6. You shall notify the clerk of courts within ten days after the employee is temporarily or permanently not being paid.

Notice to court that another assignment(s) has been received.

I am the employer of the debtor and

- have received and am now paying on another assignment for fines and other court obligations of the debtor;
- understand that I am to return a copy of this form to the clerk of court of this county within ten (10) days of receiving this assignment; and
- understand that I will retain this assignment and once any other earlier assignment(s) is paid in full, I will then pay this assignment.

▶ \_\_\_\_\_  
Employer

\_\_\_\_\_  
Date

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

**DISTRIBUTION:**

1. Original - Clerk of Court
2. Employer/Payor
3. Debtor

**NOTICE TO DEBTOR:** If you believe the balance is incorrect or the income assignment will cause irreparable harm, you must file a written objection with the court.