

Name, Address,
E-mail, & Phone

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Plaintiff(s),

Case No.:

v.

**MOTION FOR APPOINTMENT
OF PRO BONO COUNSEL**

Defendant(s).

I, _____, move for the appointment of pro bono counsel.

To support this motion, I declare under penalty of perjury that (check one):

- I have been granted, or have applied for, permission to proceed *in forma pauperis*.
- I have attached an affidavit demonstrating my inability to pay the cost of an attorney.

I have made the following diligent efforts to obtain legal counsel but have been unsuccessful because of my poverty (describe below):

I need appointed counsel to assist me because (describe below):

Signature

Date

Printed Name

**AFFIDAVIT IN SUPPORT OF
MOTION FOR APPOINTMENT OF PRO BONO COUNSEL**

I answer the following questions under penalty of perjury:

- 1. Are you currently incarcerated?** Yes No

If you answered yes, where are you are incarcerated? _____

- 2. Are you currently employed?** Yes No

If you are employed:

List your employer's name: _____

List your employer's address: _____

Amount of take-home pay: \$_____ per _____ (hour, day, week, month)

If you are not employed:

Name your last employer: _____

Last employer's address: _____

Date of last employment: _____

Amount of take-home pay: \$_____ per _____ (hour, day, week, month)

- 3. Is your spouse or significant-other employed?** Yes No Not Applicable

Name of employer: _____

Employer's address: _____

Date of last employment: _____

Amount of take-home pay: \$_____ per _____ (hour, day, week, month)

- 4. Have you received money from any of the following sources in the last 12 months?**

• **Business, professions, or other self-employment:**

Yes Amount Received: \$_____ Amount expected in future: \$_____

No

• **Rent payments, interest, or dividends:**

Yes Amount Received: \$_____ Amount expected in future: \$_____

No

- **Pensions, annuities, or life insurance payments:**
 - Yes Amount Received: \$_____ Amount expected in future: \$_____
 - No
- **Disability or workers compensation payments:**
 - Yes Amount Received: \$_____ Amount expected in future: \$_____
 - No
- **Gifts or inheritances:**
 - Yes Amount Received: \$_____ Amount expected in future: \$_____
 - No
- **Any other sources:**
 - Yes Amount Received: \$_____ Amount expected in future: \$_____
 - No

5. Do you have cash or savings accounts, including prison trust accounts?

- Yes Total amount: \$_____
- No

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property? Yes (describe below) No

Type of Asset	Brief Description	Estimated Value

7. Do you have any other assets? Yes (describe below) No

Type of Asset	Brief Description	Estimated Value

8. Do you have monthly expenses, including housing, transportation, utility, judgments, loan payments, or other regular expenses? Yes (describe below) No

Expense Description	Estimated Monthly Payment

9. List the persons (or, if under 18, initials only) who are dependent on you for support:

Name or Minor's Initials	Relationship (Spouse, child, parent, etc.)	Amount of Monthly Support Your Provide

10. Do you have any debts or financial obligations? Yes (describe below) No

Signature

Date

Printed Name