

STATE OF VERMONT

SUPERIOR COURT

DIVISION

Unit

Case No. _____

APPLICATION FOR APPOINTMENT OF COUNSEL
(Family Court Contempt)

Name (First & Last) _____
Street Address: _____
City/State/Zip: _____
Mailing Address: (if different from street address) _____
Telephone Number: _____ Date of Birth: _____ Social Security #: _____
Email Address: _____

Waiver: (Optional. If you make this choice, skip to the signature section at the bottom of page 2.)

☐ I understand the court may appoint an attorney to represent me if I qualify. I instead choose to hire my own attorney or will represent myself.

Others Living with You (include adults & children)

Total Number Living in Household

Employment

Are you employed? ☐ Yes ☐ No If Yes, list Employers' Name & Address

Employer Name

Employer Address

Income

Do you receive Public Assistance? ☐ Yes ☐ No
(including TANF/Reach UP; SSI, General Assistance)

Your Current Monthly Income

Gross Income from Wages \$ _____

Unemployment Compensation \$ _____

Child Support \$ _____

Public Assistance \$ _____

Other Income \$ _____

(including Disability Insurance & Social Security)

Self-Employment/Business Income \$ _____

(other than wages)

Total Monthly Income \$ _____

Total Income in the past 12 months \$ _____

Is your income in the last 30 days significantly different from your monthly income during the previous year?

☐ Yes ☐ No

If Yes, please explain the circumstance on the next page.

Expenses

Enter your **monthly** household expenses

Rent or Mortgage Payment \$ _____

Electric Service \$ _____

Phone \$ _____

Fuel (heat and/or gas) \$ _____

Food \$ _____

Clothing \$ _____

Medical \$ _____

Child Support \$ _____

Auto Loan Payment \$ _____

Property Taxes \$ _____

Insurance (health, auto, etc.) \$ _____

Other Expenses \$ _____

Total Expenses \$ _____

Cash Assets		Other Assets		
		Real Estate (Location)	Auto (Make, Model, Year)	
Cash on Hand	\$ _____	Fair Market	\$ _____	\$ _____
Checking Account	\$ _____	Value Outstanding	\$ _____	\$ _____
Savings Account	\$ _____	Mortgage	\$ _____	\$ _____
Total Cash Assets	\$ _____	Net Value	\$ _____	\$ _____

Additional Assets

I have additional assets: ☐ Yes ☐ No *If Yes, describe them below*

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

Real Property	Description	FMV	Mortgage	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

Other Assets <i>(examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)</i>	Description	FMV	Use additional sheets as necessary

Change in Monthly Income

If your current monthly income is significantly different from last year's income, describe the reasons for the change.

My income last year (past 12 months) was \$ _____.

The reason for the change is:

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date: _____

Signature of Petitioner

Printed Name

Determination of Financial Eligibility

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance.

☐ The Application is **GRANTED**

☐ Applicant receives public assistance OR

☐ The gross income of the applicant is at or below 150% of the poverty income guidelines.

Date

Signature of Clerk or Designee

Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court with 7 days of the date of this Order.