

STATE OF VERMONT

SUPERIOR COURT

DIVISION

Unit

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

APPLICATION FOR APPOINTMENT OF COUNSEL  
(Child Support 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	\$ _____	\$ _____
<b>Total Cash Assets</b>	\$ _____	<b>Net Value</b>	\$ _____	\$ _____

### 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:

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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.