COURT APPOINTED ATTORNEY PETITION

Eau Claire County Clerk of Courts 715-839-4816

YOU MUST COMPLETE an application with the Public Defender (715-836-2006) and be found ineligible BEFORE applying for a court appointed attorney.

The cost of the court appointed attorney is at the rate of \$100.00 per hour. If petition is approved, you will be set up on monthly payments and an Income Assignment that will begin approximately two weeks after the appointment of your attorney while your case is ongoing.

1. The petition (form GF-152A) must be completed in full.

- a. This petition can be found in the Clerk of Courts Office or online:
 - i. http://www.co.eau-claire.wi.us/departments/departments-a-k/clerk-of-courts/criminal
- b. Section 1 must be completed, IF APPLICABLE.
- c. <u>Section 2 MUST BE COMPLETED</u> even if Section 1 "has not" was checked.
 - i. Assistance with ALLOWABLE EXPENSES PER MONTH on the petition:
 - 1. SECTION 2 #9
 - a. <u>Mortgage/Rent:</u> Please include utilities (Heat/electricity, Water, Garbage, Basic phone service) at their *MONTHLY RATE*.
 - i. INTERNET and CABLE NOT INCLUDED
 - b. Auto Loan: Please include any Auto Insurance paid.
 - 2. <u>SECTION 2 #10</u>
 - a. LIST THE MONTHLY PAYMENT FOR EACH EXPENSE
 - b. Unusual Expenses at their MONTHLY RATE include:
 - i. Medical payments Monthly payments towards bills and/or prescriptions.
 - ii. Court order obligations:
 - 1. Probation/Restitution
 - 2. Child Support (Not already deducted from paycheck)
 - 3. Fines Owed to Courts
 - iii. Child Care
 - iv. Student Loans Only if you are paying towards them.
 - v. Other Attorney Fees Only if you are paying towards them.
 - vi. OTHER expenses than listed above you can submit for review.
 - 1. Write title of expense and the monthly amount.
- The petition must be notarized. This can be completed in our office.
 a. <u>PLEASE DO NOT SIGN THE PETITION unless you are in front of a notary.</u>
- 3. The Notice of Wage Assignment Order must be completed and provided with the Petition.
- 4. <u>Once petition & Notice are completed</u>, they need to be submitted to the Eau Claire County Clerk of Courts Office.
 - a. Clerk of Courts will also need a copy of your denial application from the Public Defender i. Public Defender Phone: 715-836-2006
 - b. The petition <u>can take up to two weeks</u> to process and an <u>attorney to be appointed</u> to your case.

5. After the petition is submitted and reviewed by the judge, you will receive paperwork in the mail:

- a. If the Petition is <u>approved.</u>
 - i. Contact information for the appointed attorney.
 - ii. Monthly payment plan information and copy of the Income Assignment Order that was mailed to your employer.
- b. If the Petition is <u>denied.</u>
 - i. Notice it was denied.

OFFICE OF CLERK OF COURTS



EAU CLAIRE COUNTY 721 Oxford Avenue, Suite 2220 Eau Claire, WI 54703

> Susan Schaffer, Clerk of Court Cherie Norberg, Deputy Operations Manager 715-839-4816 715-839-4817 FAX

NOTICE OF WAGE ASSIGNMENT ORDER FOR COURT APPOINTED ATTORNEY FEES AND GAL DEPOSIT PAYMENT PLANS

<u>Court Appointed Attorneys</u>: If you are requesting a court-appointed attorney, you must complete this entire form and return it to the Clerk of Courts Office <u>with your Petition for Appointment of Attorney</u>.

<u>GAL Deposit</u>: If you are requesting a payment plan for your GAL deposit, you must complete this entire form and return it to the Clerk of Courts Office <u>with your completed Financial Disclosure Statement and attachments</u>.

REQUIRED EMPLOYEE/DEBTOR/DEFENDANT INFORMATION

Case Number(s):
Name:
SSN:
Address:
City/State/Zip Code:
Telephone Number:
Current income withholdings (i.e. garnishment, child support, etc.):
(You must update your address and telephone number within 48 hours of any changes)
REQUIRED EMPLOYER/PAYEE INFORMATION
Name:
Address:
City/State/Zip Code:
Telephone Number:
(You must update your employer information within 48 hours of any changes in employment)
If the employer does not withhold the amount as ordered, it is the debtor/defendant's obligation to make timely payments to the Clerk of Court. Failure to comply with the Court's Order will result in additional sanctions as ordered by the Court.

This form is also available in Spanish. <u>https://www.wicourts.gov/forms1/circuit/index.htm</u> . <i>Este formulario está disponible en español.</i>					
STA	TE OF WISCONSIN, CIRCUIT COURT, <u>EAU CLAIRE</u> COUNTY				
-VS- Petition for Appointment of an Attorney, Affidavit of Indigency					
	Case No.				
I DECLARE 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. I was found eligible for a state public defender in this case on [Date] The state public defender has not appointed an attorney to represent me within a reasonable time. 					
Sect	tion 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. Medical 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:					
Section 2.					
1.	I 🗌 am 🔲 am not 🦷 married.				
2.	I am am not employed. Name of employer: Phone No.: Employer Address:				
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 Disability Student loans/grants				
5.	I have the following cash assets: Savings accounts: \$ Checking accounts: \$ Money owed me: \$				
6.	I have the following other assets: I household furnishings: \$ Vehicle-Yr./Make: \$ I Household furnishings: \$ Vehicle-Yr./Make: \$ I Equity in real estate: \$ Other individual assets valued over \$200 each: \$ \$ \$				
7.	My household consists of myself and others: others: Full name: Relationship to me: Under age 18 Yes No Full name: Relationship to me: Under age 18 Yes No Full name: Relationship to me: Under age 18 Yes No Full name: Relationship to me: Under age 18 Yes No Full name: Relationship to me: Under age 18 Yes No Full name: Relationship to me: Under age 18 Yes No				

GF-152A, 05/24 Petition for Appointment of an Attorney, Affidavit of Indigency US Constitution, Am. 6; Wis. Constitution Art. 1, §7; SCO 93-15; §§48.23(4), 51.20(3), 814.29, and 977.08(3), Wisconsin Statutes, Supreme Court Order 17-06 This form shall not be modified. It may be supplemented with additional material. Page 1 of 2

	Full name:	Relationship to me:	Under age 18 🗌 Yes 🗌 No		
8.	Wages Social se Pension Student le	iousehold have gross monthly income totaling the amount of \$ from security Relief funded under public assistance Food stamps/FoodShare t loans/grants Unemployment compensation Supplemental security income unded under §59.53(21), Wisconsin Statutes Support/maintenance			
9.	I have the following debts: a. Mortgage/Rent b. Auto loan c. Credit cards d. Other:	Amount Mor \$\$	thly Payment		
10.	0. I have the following unusual expenses, other than ordinary living expenses:				
		l understa court imme	nd that if my financial situation changes, I must notify the ediately.		
I declare under the criminal pena		under the criminal penalty of false swearing nformation I have provided is true and			
		Signature			
		Name Printed	or Typed		
		Address			
		Email Addres	s Telephone Number		
		Date	State Bar No. (if any)		

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