UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

Case No. ______Chapter _____

Plaintiff,

-V-

In re:

Adv. Pro. No.

Defendant. /

APPLICATION FOR PRO BONO COUNSEL

I hereby request the Court to appoint counsel to represent me. I am

- [] the defendant/debtor and have been sued by someone else who objects to my discharge or seeks an exception to my discharge under 11 U.S.C. § 523(a) or 727(a); or
- [] the plaintiff/debtor and seek a determination of the dischargeability of a student loan claim(s) under 11 U.S.C. § 523(a)(8); or
- [] the debtor and involved in a contested matter arising from an objection to my exemptions [do not fill in Adv. Pro. No. portion of caption above]; or
- [] the spouse [] former spouse [] dependent of the debtor and seek a determination of dischargeability of obligations under marital settlement agreements and/or judgments for the dissolution of marriage; or
- [] an individual creditor and involved in a contested matter arising from my objection to the debtor's exemptions; or
- [] an individual creditor who seeks an exception to the dischargeability of a debtor's debt under 11 U.S.C. § 523 or the denial of discharge under 11 U.S.C. § 727; or
- [] an individual defendant in an action to recover money or property pursuant to 11 U.S.C. §§ 542, 544, or 547 550.

In further support of this application, I answer the following questions.

1. Are you presently employed?

Yes []No []

If the answer is "yes," state the amount of your salary or wages per month and give the name and address of your employer.

APPLICANT:

Gross Monthly Income \$	
Employer Name:	
Address:	

JOINT APPLICANT:

Gross Monthly Income \$	
Employer Name:	
Address:	

Note: If you are the debtor/defendant and your circumstances have changed since the initial filing of Schedules I and J, you must file and attach amended Schedules I and J.

2. Within the past twelve months have you received or are you currently receiving any money from any of the following sources?

a.	Unemployment Benefits	Yes [] No []
b.	Social security, worker's compensation or disability payments	Yes [] No []
c.	Business, profession or other form of self-employment	Yes [] No []
d.	Rent payments, interest or dividends	Yes [] No []
e.	Pensions, annuities or life insurance payments	Yes [] No []
f.	Gifts or inheritances	Yes [] No []
$\boldsymbol{\omega}$	Tax Refund	Yes [] No []
h.	Any other income sources	Yes [] No []

3. If you have answered <u>ves</u> to any of the above in question 2, list each source and state the amount received each month for the past twelve months.

Name the Source	\$ Amount per month

4(a). Do you have any cash on hand, or in a checking or savings account? Yes [] No []

- (b). If the answer is <u>yes</u> to 4(a), state the total amount of each.
 [] Cash on hand \$_____ Account(s) [] \$_____ Checking
 [] \$_____ Savings
- 5(a). Do you own any real estate, stocks, bonds, notes, automobiles, life insurance policies (cash value), 401k plans or other valuable property (excluding ordinary household furnishings and clothing)? Yes [] No []
- (b). If the answer is <u>ves</u> to 5(a), describe each property and state its approximate value.

Property	Value	Property	Value
House		Bonds	
Vehicle(s)		Notes	
Rental Property		Insurance Policy	
401K Plan		Other Valuable Property	
Stocks			

6. List the persons who are dependent upon you for support; state the age and your relationship to those persons, and indicate how much you contribute toward their support. If you are married include your spouse. DO NOT LIST THE NAMES OF MINOR CHILDREN.

Age	Your Relationship to Dependent Person

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Applicant

Signature of Applicant

Current Address

City/State/Zip

Telephone Number

Dated:_____

For cases pending in the **Fort Myers Division**, send this application to: Clerk of the U.S. Bankruptcy Court Attention: Legal Assistance Program Sam M. Gibbons United States Courthouse 801 North Florida Avenue, Fifth Floor Tampa, Florida 33602

For cases pending in the **Jacksonville Division**, send this application to: Clerk of the U.S. Bankruptcy Court Attention: Legal Assistance Program Bryan Simpson United States Courthouse 300 North Hogan Street, Suite 3-350 Jacksonville, Florida 32202

For cases pending in the **Orlando Division**, send this application to: Clerk of the U.S. Bankruptcy Court Attention: Legal Assistance Program George C. Young Federal Courthouse 400 W. Washington Street, 5th Floor Orlando, FL 32801

For cases pending in the **Tampa Division**, send this application to: Clerk of the U.S. Bankruptcy Court Attention: Legal Assistance Program Sam M. Gibbons United States Courthouse 801 North Florida Avenue, Fifth Floor Tampa, Florida 33602