



New Jersey Judiciary

Application for Assignment of Counsel

Abuse/Neglect (FN) Guardianship (FG)

Approved
 Rejected

The Judiciary will provide reasonable accommodations to enable individuals with disabilities to access and participate in court events. Please contact the local Title II ADA coordinator to request an accommodation. Contact information is available at njcourts.gov.

In the matter of _____ Docket Number _____ Return Court Date _____

Applicant Name _____ Applicant Birth Date _____ Relationship to Child _____

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____ Home Phone Number _____ Cell Phone Number _____

Email Address _____ Spoken language interpreter needed?
 Yes No
Language: _____

Applicant's Employer _____

Street Address _____

City _____ State _____ Zip _____

Supervisor Name _____ Work Phone Number _____ Length of Employment _____
ext. _____

Step 1: If "Yes" to *either* A or B, go to **Step 2**. (sign page 1 and **STOP**)
If "No" to *both* A and B, go to **Step 3** (complete page 2 and sign)
A. Do you receive public assistance (e.g., TANF, SNAP, food stamps)? Yes No
B. Are you currently represented by Office of the Public Defender and Yes No
have no change in your financial circumstances?

Step 2: I certify that the foregoing statements made by me are true. I am aware if any of the foregoing statements made by me are willfully false; I am subject to punishment.
(Certification *Rule* 1:4-4(b))

s/ _____
Signature of Applicant _____ Date _____

s/ _____
Signature of Witness (Court Designee) _____ Date _____

Step 3: Additional Information - Only complete if "No" to both A and B in Step 1.

Living Arrangement (check one) <input type="checkbox"/> Married/ Civil Union/Domestic Partnership <input type="checkbox"/> Married, Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Other (Specify) _____	Number of people in your household: _____
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Income - Gross monthly (before deducting taxes)	Total (\$)	Expenses/Debt (monthly)	Total (\$)
Welfare	\$ _____	Mortgage	\$ _____
Salary/wages	\$ _____	Rent	\$ _____
Unemployment	\$ _____	Utilities	\$ _____
Disability	\$ _____	Insurance	\$ _____
Social Security	\$ _____	Medical	\$ _____
Pension	\$ _____	Loans	
Support/Alimony	\$ _____	Car	\$ _____
Other Income & Source	\$ _____	Home Equity	\$ _____
Total Income (gross monthly)	\$ _____	Credit Card Debt	\$ _____
		Tuition	\$ _____
Other Assets	Value	Other Loans	\$ _____
Own Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Court Obligations	
Real Estate (specify)	\$ _____	Fines, Fees, Costs	\$ _____
		Support/Alimony	\$ _____
Other Personal Property (specify)	\$ _____	Child Support	\$ _____
		Other debt (specify)	\$ _____
			\$ _____
		Open Judgments (Amount) (specify)	\$ _____
Total Value of Assets	\$ _____	Total Expenses/Debt	\$ _____

I certify that the foregoing statements made by me are true. I am aware if any of the foregoing statements made by me are willfully false; I am subject to punishment.

(Certification Rule 1:4-4(b))

s/ _____	_____
Signature of Applicant	Date
s/ _____	_____
Signature of Witness (Court Designee)	Date