


JDF 208	Request for a State Paid Professional		
	County: _____	Division: _____	▲ Court Use Only ▲
	Case Number: _____	Courtroom: _____	

Because I (or they) can't afford one, I would like the court to provide a state paid:

Lawyer *Guardian ad litem* Court Visitor Child & Family Investigator

For: Me/My Case or Another Party. *(Fill in **their information** in sections 2-8 below.)*

1. I understand

- I must fill in **all** blanks. Write “No” or “None” if a blank doesn't apply.
- The court may charge a \$25 processing fee at the end of the case.
- I/They may have to repay the state for the professional's fees.

2. Basic Information

Name: _____ Birthdate: _____
Mailing Address: _____
Street Address: *(if different)* _____
City, State, Zip: _____
Phone number: _____ Email: _____

3. Work Information

Job Title: _____ Company: _____
Work Address: _____
City, State, Zip: _____
Work Phone: _____ Length of Employment: _____
Pay Date(s): _____ Hours/Week: _____ Pay Rate: \$ _____

4. Case Information

Next hearing: *(type and date)* _____
Most serious charge: *(criminal cases only)* _____

5. Household Members

Status: Single Married or Civil Union Partnered
 Separated Divorced

Number of dependents: *(including yourself)* _____.

Note - Don't list roommates. Only list household members who contribute income to the common support of the home.

Name	Relationship	Income Before Taxes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. Monthly Income & Expenses

Income Before Taxes	\$	Expenses	\$
Mine <i>(wages/ salary/ commission/ tips)</i>	\$ _____	Rent/Mortgage	\$ _____
Household Members	\$ _____	Groceries	\$ _____
Parents <i>(if same household)</i>	\$ _____	Utilities	\$ _____
Unemployment Benefits	\$ _____	Clothing	\$ _____
Social Security/Retirement	\$ _____	Maintenance/Child Support	\$ _____
Maintenance <i>(alimony)</i>	\$ _____	Medical/Dental	\$ _____
Other: _____	\$ _____	Transportation	\$ _____
Other: _____	\$ _____	Loans/Credit Cards	\$ _____
Total Household Income	\$ _____	Total Expenses	\$ _____

7. **What is Owned**

Asset	\$ Value	Description of Asset	\$ Still Owed
Savings Account	\$ _____	Bank Name: _____	
Checking Account	\$ _____	Bank Name: _____	
Vehicle	\$ _____	Year & Model: _____	\$ _____
Vehicle	\$ _____	Year & Model: _____	\$ _____
House	\$ _____	Type: _____	\$ _____
Other Property	\$ _____	Type: _____	\$ _____
Stocks, Bonds, and Mutual Funds	\$ _____	Type: _____	
Other Investments	\$ _____	Type: _____	\$ _____
Total Assets	\$ _____	Convertible to Cash	\$ _____

8. **References**

- 1) Name/Phone/Email: _____
- 2) Name/Phone/Email: _____

9. **Sign & Date**

I swear that the information contained above is true and complete.

Print Your Name

Your Signature

Date

Staff Use Only:	
<input type="checkbox"/> Above Guidelines	<input type="checkbox"/> At or Below Guidelines
Staff Signature: _____	Date: _____
<input type="checkbox"/> Request Granted	<input type="checkbox"/> Request Denied
Judicial Officer Signature: _____	Date: _____

Instructions

1. Income Before Taxes

Includes income from household members who contribute to the common support of the home.

Include:

- Wages
- Tips
- Salaries
- Bonuses
- Alimony
- Pensions
- Royalties
- Annuities
- Dividends
- Commissions
- Capital Gains
- Severance Pay
- Trust Income
- Retirement Benefits
- Unemployment Benefits
- Independent Contractor Pay
- Social Security Disability (SSD)
- Social Sec. Supplemental Income (SSI)
- Interest/Investment Earnings
- Worker's Compensation Benefits

Note: Don't include income from **roommates**. Only include their incomes if you share bank accounts or comingle funds.

Do Not Include:

- Food Stamps
- Child Support
- Public Assistance
- TANF Payments
- Subsidized Housing
- Veteran's Disability

2. Liquid Assets/ Convertible to Cash

Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, and equity.

This also includes personal property or investments that could be converted into cash without risking your ability to maintain a home and employment.

3. Expenses

Do not include nonessential items such as cable, streaming services, club memberships, entertainment, dining out, alcohol, cigarettes, etc. Allowable expense categories are listed on the form.

4. Attach

You may have to provide the three previous month's banks statements and proof of income (like pay stubs). Don't attach original documents. You may wish to remove financial account and tax identification numbers.