

RHODE ISLAND FAMILY COURT

ADMINISTRATIVE ORDER 2012- 4
Supercedes Administrative Order 2000-01

APPOINTMENT OF COUNSEL FOR INDIGENT PERSONS
AND MOTIONS TO PROCEED *in forma pauperis*

To promote uniform procedures utilized by all Family Court departments pertaining to the Appointment of Counsel for Indigent Persons as well as Motions to Proceed *in forma pauperis*, the following process shall apply:

At the time of the request for appointment of counsel, and/or for the waiver of filing fees and costs for service, the court shall inquire as to the person's ability to pay for an attorney or for filing fees and costs.

A person claiming indigency shall file an Affidavit of Indigency, a Financial Statement in the form attached hereto, with attachments as needed; and if appropriate, an inmate ledger as provided by the Inmate Accounts Department of the Adult Correctional Institution. In every instance, the burden of proving indigence in relation to the payment of counsel or filing fees and costs is upon the party seeking such relief.

The clerk shall review the Affidavit of Indigency for completeness. Completeness includes a review of the Affidavit itself and the Financial Statement to determine if all categories contain the required information or indicate that the category is not applicable. In addition, to prove income, the person making affidavit must submit documentation, in the form of a check stub, an award letter, a copy of a check, a receipt, or other independent proof of income. The clerk shall not forward the Affidavit of Indigency to the Judge or Magistrate until all of the required information and documentation is proffered by the petitioner.

A judicial officer (Judge or Magistrate) shall review the Affidavit, Financial Statement and any attached document to determine whether a person is eligible for court appointed counsel in accordance with the Executive Orders of the R. I. Supreme Court. The judicial officer shall review the income and assets available to the petitioner, in view of the seriousness of the charge and the potential attorney's fee anticipated. The court may also consider any outstanding medical/hospital debts, other extraordinary debts or other circumstances of the

petitioner. Once approved or denied, the Motion to Appoint Counsel and/or Motion to Proceed *in forma pauperis* shall be placed in the court file by Family Court staff.

In lieu of an Affidavit of Indigency and Financial Statement, the clerk may forward and the judicial officer may deem eligible for *in forma pauperis* status and/or appointment of counsel any petitioner who: (1) is represented by the Office of the Public Defender, R.I. Legal Services or the R.I. Bar Association Volunteer Lawyer Program, as evidenced by an entry of appearance; (2) presents a letter from the Office of the Public Defender or R.I. Legal Services stating that the petitioner would be eligible for its services but for a conflict of interest or other impediment that precludes his/her acceptance as a client for representation or (3) presents documentation of his/her receipt of Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or other state or federal welfare cash benefits.

All appointments of attorneys to represent indigent persons shall be made by the Clerk's office on a rotating basis from Supreme Court panels.

This Administrative Order is effective as of September 28, 2012.

Haiganush R. Bedrosian
Chief Judge
Rhode Island Family Court

Dated: 9-28-12



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
FAMILY COURT

_____ V _____

Case No. _____

AFFIDAVIT OF INDIGENCY

I, _____, the Plaintiff-Defendant – Petitioner-Respondent (circle one) in the above case, being first sworn and under oath make affidavit that after payment of reasonable costs for food, clothing, housing, medical care and other necessary expenses, I do not have sufficient income or assets to enable me to hire a lawyer, nor do I have any other financial resources. In support of this affidavit I refer to and incorporate herein the attached Financial Statement and supporting documents.

Form of Identification: (Check One)

- Driver's License (State) _____
- State Identification _____
- Passport _____
- Other (Specify) _____

Plaintiff/Defendant – Petitioner/Respondent

Street Address

City/Town State Zip Code

Phone Number(s)

Signed and sworn to before me this _____ day of _____, 20____ at _____, County of _____.

Print Name of Notary Public

Notary Public Signature

Commission Expires

The Motion to Appoint Counsel and/or to Proceed *In Forma Pauperis*:

APPROVED:

DENIED:

Judge/Magistrate Date

Judge/Magistrate Date

Print Name of Judge/Magistrate

Print Name of Judge/Magistrate



RHODE ISLAND FAMILY COURT

County _____

vs.

Case No. _____

FINANCIAL STATEMENT REQUEST FOR COURT APPOINTED COUNSEL and/or MOTION TO PROCEED IN FORMA PAUPERIS

INSTRUCTIONS: COMPLETE EACH CATEGORY. IF THERE IS NOTHING TO REPORT ENTER "0". IF THE CATEGORY IS NOT APPLICABLE, ENTER "N/A".

COMPLETE EACH CATEGORY:

- | | |
|---|---|
| <p>1. Name: _____</p> <p>3. Permanent Address: _____
City _____ State: _____ Zip Code: _____</p> <p>6. Phone Numbers: Cell _____
Land Line _____
Work _____</p> <p>8. If you do not have a phone, how can we contact you:
Contact Person: _____
Phone Number: _____
E-Mail Address: _____</p> | <p>2. Date of Birth: _____</p> <p>4. Marital Status(circle): Married Single Divorced Widowed</p> <p>5. Dependents(list name and ages): _____

_____</p> <p>7. Child Support order(s) for all dependents
Receive: Weekly Amount _____
Pay: Weekly Amount _____</p> |
|---|---|

GROSS INCOME Attach Documentation	Weekly OR Bi- Weekly (circle one)	Monthly	INCOME DEDUCTIONS	Weekly OR Bi- Weekly (circle one)	Monthly
1. Salary, Wages	_____	_____	1. Federal Income Tax	_____	_____
2. Cash	_____	_____	2. Self Employment Tax	_____	_____
3. Self Employment	_____	_____	3. State Income Tax	_____	_____
4. Commissions, Overtime, Bonus	_____	_____	4. Social Security-HI	_____	_____
5. Pensions or Retirement	_____	_____	5. Social Security-OASDI	_____	_____
6. Social Security/ SSI/ SSDI	_____	_____	6. State Disability (TDI)	_____	_____
7. Worker Comp/TDI/ Unemployment	_____	_____	7. Medical Insurance	_____	_____
8. Public Assistance / Food Stamps	_____	_____	8. Employer Retirement	_____	_____
9. Child Support Received	_____	_____	9. Garnishment	_____	_____
10. Spousal Support	_____	_____	10. Union dues	_____	_____
11. Rental Income	_____	_____	11. Other deductions	_____	_____
12. Contributions from others	_____	_____	12. TOTAL DEDUCTIONS	_____	_____
13. Income from Other Sources	_____	_____			
14. Veterans Benefits	_____	_____	NET INCOME		
15. TOTAL GROSS INCOME	_____	_____	TOTAL GROSS INCOME MINUS		
			TOTAL DEDUCTIONS	_____	_____

MONTHLY EXPENSES

14. HOUSING COSTS:

If own Home: Monthly Payment: \$ _____ Fair Market Value: \$ _____ Mortgages/Liens: \$ _____

SHELTER EXPENSES: Rent: \$ _____
 Board: \$ _____
 Roommate Contributions: \$ _____

Board Payment To Whom: _____
 Roommate Yes ___ No ___

15. UTILITIES: Electric: \$ _____
 Gas: \$ _____
 Oil: \$ _____
 Propane: \$ _____
 Telephone: Land Line: \$ _____
 Cell Phone: \$ _____

16. FOOD \$ _____

17. CLOTHING \$ _____

18. CHILD SUPPORT PAID \$ _____

19. WORK RELATED CHILD CARE \$ _____

20. OTHER \$ _____

must be considered necessary expenses

Amount: \$ _____

Type: _____

Amount: \$ _____

Type: _____

Amount: \$ _____

Type: _____

21. EXTRAORDINARY EXPENSES

Describe expense

Expense: \$ _____

Expense: \$ _____

22. TOTAL MONTHLY EXPENSES: \$ _____

Net Monthly Income minus Total Monthly Expenses \$ _____

<u>LIABILITIES</u>	<u>AMOUNT</u>	<u>ASSETS</u>	<u>Name of Institution</u>	<u>Present Value</u>
Loans: Auto	\$ _____	A. Cash	_____	_____
Bank: _____	\$ _____	B. Checking Accounts	_____	_____
Private _____	\$ _____	C. Savings Accounts	_____	_____
Consumer	\$ _____	D. Retirement/401K	_____	_____
Court fines	\$ _____	E. Other Accounts	_____	_____
Court restitution	\$ _____	F. Stocks / Bonds	_____	_____
Medical bills	\$ _____	G. Life Insurance	_____	_____
Hospital bills	\$ _____	Other Property	<u>Location/Make/Model</u>	<u>Value</u>
Other:		H. Real Estate	_____	_____
Car Insurance	\$ _____	I. Vehicles	_____	_____
Life Insurance	\$ _____	J. Boats	_____	_____
Legal Fees	\$ _____	K. Other	_____	_____
Child Support Arrearage	\$ _____	TOTAL VALUE OF ASSETS (A to K)		_____

I hereby request appointment of a lawyer to represent me on the grounds that I am indigent and unable to pay lawyer's fees and I request approval of my motion to proceed *in forma pauperis*. The information contained herein is truthful, complete and accurate. I understand that any false declaration or statement knowingly made may constitute perjury and may subject me to imprisonment for a term not to exceed twenty (20) years.

Print Name _____

Signature _____

Date _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary _____
 Commission Expires _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
FAMILY COURT _____ SC.

VS.

CASE NO. _____

INDIGENCY FORM/INMATE ACCOUNTS

Instruction: Any inmate requesting indigency status must first send this form to the Adult Correctional Institution Inmate Accounts Department to be filled out. After the form is complete, it is to be forwarded to the Rhode Island Family Court with all other indigency forms.

INMATE NAME: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

BUILDING: _____

.....
This portion is to be filled out by the Inmate Accounts Department:

Certification

I certify that the applicant named herein has the sum of \$ _____ on account to her/his credit at (name of institution) _____.

I further certify that the applicant has the following securities to her/his credit _____ . I further certify that during the past six months the applicant's average balance was \$ _____.

Date

Signature of Authorized Officer