

**UNITED STATES BANKRUPTCY COURT**  
EASTERN DISTRICT OF MICHIGAN

**In re:**

**Case No.** \_\_\_\_\_

**Chapter**   7  

\_\_\_\_\_ Debtor. /

Plaintiff,

-v-

**Adv. Proc. No.** \_\_\_\_\_

\_\_\_\_\_ Defendant. /

**APPLICATION FOR PRO BONO COUNSEL**

I hereby request the Court to appoint counsel to represent me in an adversary proceeding. I am the

- defendant and have been sued by someone else who objects to my discharge or seeks an exception to my discharge, pursuant to 11 U.S.C. § 523(a) or § 727 (a); or
- plaintiff and request an exception to the defendant’s discharge based on my assertion that the debt is one for alimony or child or spousal support, pursuant to 11 U.S.C. §523(a)(5) or (15).

**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: \_\_\_\_\_

2. Within the past twelve months have you received or are you currently receiving any money

**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.

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
- g. Tax Refund Yes  No
- h. Any other income sources Yes  No

3. If you have answered **yes** 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 **yes** 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 **yes** to 5(a), describe each property and state its approximate value.

Property	Value	Property	Value
House		Bonds	
Vehicle		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.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name (Spouse, if applicable)

\_\_\_\_\_  
Signature of Applicant (Spouse, if applicable)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Telephone Number

Date \_\_\_\_\_