

Official Use Only:

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Atty. For Distribution

**APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL**  
**FOR PARENTS\* IN CHILDREN & YOUTH CASES**

(\* Including non-parent custodians who have standing)

**INSTRUCTIONS:** You have a right to have an attorney represent you in a Dependency Case or Termination of Parental Rights Case. If you do not complete this form and turn it into the Clerk of the Dependency Court (which is part of the Register of Wills/Clerk of Orphans' Court), an attorney will not be assigned to you. Once you have applied, the attorney who is assigned to your case will contact you. However, if you have further questions for your attorney beyond the initial contact, it is up to you to contact your attorney to schedule an appointment for any additional questions which he or she was not able to answer for you at that time.

**IF YOU AND THE OTHER PARENT WISH TO APPLY FOR AN ATTORNEY TOGETHER, YOU MAY DO SO ONLY IF YOU ARE MARRIED, LIVE IN THE SAME HOUSEHOLD, AND DO NOT HAVE ANY CONFLICT BETWEEN YOU RELEVANT TO THE CASE. IF THIS IS NOT TRUE, YOU AND THE OTHER PARENT MUST COMPLETE SEPARATE APPLICATIONS AND WILL RECEIVE SEPARATE ATTORNEYS.**

**NOTE:** The Clerks and CYS Caseworkers are not able to answer questions about this application. Please complete every answer to the best of your ability.

*You must then turn this application in to the Clerk of the Juvenile Dependency Court.*

Today's Date:

Your Full Name:

Date of Birth:

Your Mailing Address:

Street Address (if different from mailing):

Your Telephone Numbers:

Your Next Scheduled Date and Time in Court:

Children Involved in the Case

Date of Birth

Name of Other Parent

Full Names of All Members of Your Household:

Have you had prior CYS Involvement? If so, state the approximate year, county (if not Somerset), the child/ren, and your attorney, if you had one:

Do you have pending criminal charges? If so, in what county, and who represents you in that case?

State any Conflicts of Interests of which you are aware, which would prevent you from being represented by Attorneys Benjamin A. Carroll, Michael L. Kuhn, or Scott A. Walker:

Verification:

I, \_\_\_\_\_ (your name), by signing this application, hereby verify that I have not hired private counsel to represent me in this case, and that I am financially unable to hire private counsel to represent me in this case, and therefore I am submitting this application so that an attorney will be assigned to my case without any fee or cost to me. I furthermore agree that everything which I have stated in this application is true to the best of my knowledge.

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Applicant