Print Clear

Notice: This is not a public document. The information entered on this form will be kept confidential. You therefore must enter all requested information, including any requested personal identifiers, which are your Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number, or military status.

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 ext.	Length of Employment

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 have no change in your financial circumstances? ☐ Yes ☐ No

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/
Date Signature of Applicant

s/
Date Signature of Witness (Court Designee)

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

Living Arrangement (check one)

☐ Married/ Civil Union/Domestic Partnership ☐ Married, Separated

☐ Divorced ☐ Living Together

☐ Other (Specify) _____

Number of people in your household:

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	$
		Credit Card Debt	$
Total Income (gross monthly)	**$** 0.00	Tuition	$
		Other Loans	$
Other Assets	**Value**	**Court Obligations**	
Own Home ☐ Yes ☐ No		Fines, Fees, Costs	$
Real Estate (specify)	$	Support/Alimony	$
		Child Support	$
Other Personal Property (specify)	$	Other debt (specify)	$
			$
		Open Judgments (Amount) (specify)	$
Total Value of Assets	**$** 0.00	**Total Expenses/Debt**	**$** 0.00

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/ _____

Date Signature of Applicant

_____ s/ _____

Date Signature of Witness (Court Designee)