

FIRST JUDICIAL DISTRICT COURT  
STATE OF NEW MEXICO  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_  
Respondent.

**MOTION FOR APPOINTMENT OF ATTORNEY**

COMES NOW \_\_\_\_\_, and moves this Court for an order allowing the appointment of an attorney. As grounds for this motion, movant states that because of indigency, I cannot afford to pay for an attorney to represent me. I have attached the affidavits required by the Administrative Order No. 2004-4.

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

FIRST JUDICIAL DISTRICT COURT  
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\_\_\_\_\_  
Respondent.

**AFFIDAVIT OF INDIGENCY**

STATE OF NEW MEXICO            )  
  ) ss.  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, make under oath the following statements regarding my financial, marital and employment status, and since I am unable to pay for an attorney to represent me in the above-captioned case, make application to proceed in accordance with Administrative Order No. 2004-4.

**BACKGROUND AND RESIDENCE**

1. Full name: \_\_\_\_\_ 2. Age: \_\_\_\_\_
3. Present address: \_\_\_\_\_  
\_\_\_\_\_
4. How many years at this address? \_\_\_\_\_ 5. Telephone No. \_\_\_\_\_
6. Marital Status: Married [ ] Single [ ] Divorced [ ] Separated [ ]

- |   | Children      | Adult |
|---|---------------|-------|
| 7. Number of dependents (including yourself):                       | _____         | _____ |
| 8. Ages of minor children living with you:                          | _____         |       |
| 9. List name and relationship of adult dependents whom you support: |               |       |
| Name:   | Relationship: |       |
| _____   | _____         |       |
| _____   | _____         |       |
| _____   | _____         |       |
| _____   | _____         |       |
| _____   | _____         |       |

**EMPLOYMENT AND INCOME:**

- 1      Employed [  ] Not Employed [  ] Self-employed [  ]
  
2.      Name and address of employer:
   
\_\_\_\_\_
   
\_\_\_\_\_
  
3.      Position: \_\_\_\_\_
  
4.      Gross salary per month: \$ \_\_\_\_\_
  
5.      If self-employed, nature of business: \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

OTHER INCOME:

In addition to wages and salary, I receive the following income:

- A. Social Security / Disability \$ \_\_\_\_\_
- B. Welfare \$ \_\_\_\_\_
- C. Unemployment \$ \_\_\_\_\_
- D. Food Stamps \$ \_\_\_\_\_
- E. AFDC \$ \_\_\_\_\_
- F. VA \$ \_\_\_\_\_
- G. Child Support \$ \_\_\_\_\_
- H. Alimony \$ \_\_\_\_\_
- I. Investments \$ \_\_\_\_\_
- Total:** \$ \_\_\_\_\_

**ASSETS**

1. Do you own any real estate? Yes [ ] No [ ]
  - A. Description: \_\_\_\_\_
  - B. Location: \_\_\_\_\_
  - C. Estimated present value \$ \_\_\_\_\_
  - D. Estimated outstanding mortgages or contracts on property: \$ \_\_\_\_\_
  - E. Payments per month: \$ \_\_\_\_\_

2. Do you own any automobiles? Yes [ ] No [ ]
- A. Make/Model \_\_\_\_\_ Year \_\_\_\_\_  
 \_\_\_\_\_
- B. Present Value \$ \_\_\_\_\_ Total Amount Owed \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_
- C. Monthly payments \$ \_\_\_\_\_  
 \$ \_\_\_\_\_
3. Do you have any stocks or bonds? Yes [ ] No [ ]
- A. Description \_\_\_\_\_
- B. Present Value \$ \_\_\_\_\_
4. Do you have cash in the bank? Yes [ ] No [ ]
- A. If so, indicate amount \$ \_\_\_\_\_
5. Do you have any other assets not listed above excluding household furnishings and clothing? Yes [ ] No [ ]
- A. If so, describe and give value \_\_\_\_\_  
 \_\_\_\_\_ Value: \$ \_\_\_\_\_

**DEBTS AND OTHER OBLIGATIONS:**

1. The following are my current obligations:
- A. House payment / rent per month \$ \_\_\_\_\_
- B. Utilities per month \$ \_\_\_\_\_
- C. Telephone per month \$ \_\_\_\_\_
- D. Groceries \$ \_\_\_\_\_
- E. Gasoline \$ \_\_\_\_\_

F. Insurance \$ \_\_\_\_\_

G. Medical Bills \$ \_\_\_\_\_

H. Child Care \$ \_\_\_\_\_

I. Other \$ \_\_\_\_\_

J. Other \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_ this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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Respondent.

**ORDER FOR APPOINTMENT OF ATTORNEY**

THIS MATTER having come before the Court on \_\_\_\_\_'s motion for appointment of an attorney, and showing of indigency by affidavit(s), and the Court being otherwise advised in the premises, the Court orders that the movant:

1. \_\_\_\_\_ have the following attorney appointed: \_\_\_\_\_.
2. \_\_\_\_\_ be denied the appointment of an attorney.

\_\_\_\_\_  
DISTRICT COURT JUDGE