

**PETITION FOR APPOINTMENT OF
GUARDIAN AD LITEM, AFFIDAVIT
OF INDIGENCY AND ORDER**

DOB: _____

Case No: _____

Under oath I state that because of poverty, I am unable to pay for a Guardian ad Litem (GAL) for the above referenced termination of parental rights proceeding, which I have initiated, and request that the court appoint a GAL for the above referenced child(ren).

My financial situation is outlined on page 2 of this Petition. I understand that if my financial situation changes, I must notify the court immediately.

My address is: _____

Dated this ____ day of _____, 20 ____.

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

Signature of Petitioner

Notary Public, State of Wisconsin
My Commission Expires: _____

COURT FINDINGS AND ORDER

1. The petition is GRANTED because the court finds the person is indigent. A Guardian ad Litem shall be appointed for the above named child(ren) at county expense as set forth below. The petitioner shall be required to reimburse the county for such representation as follows:

No reimbursement required.

Repayment at the rate of \$ _____ per _____ until the total sum is paid. The first payment shall be made on (date) _____. Payments shall be made to the Register in Probate.

Other: _____

2. The petition is DENIED because the court finds:

The person is not indigent.

Other: _____

BY THE COURT:

Circuit Court Judge

Name printed or typed

Date

Instructions: Complete the following and submit with Page 1 of the Petition for Appointment of Guardian ad Litem

I currently receive: Supplemental security income Food stamps Medical assistance
 Other public assistance: _____
 None of the above

1. I am am not married.
 2. I am am not employed. Name of employer: _____

3. I earn \$ _____ gross weekly every 2 weeks twice monthly monthly
 My take home pay is \$ _____ per pay period.

4. I receive monthly income totaling the amount of \$ _____ from:
 Pension Disability Social Security Unemployment compensation
 Student loans/grants Other: _____

5. I have the following cash assets:
 Savings accounts: \$ _____ Cash: \$ _____
 Checking accounts: \$ _____ Money owed me: \$ _____

6. I have the following other assets:
 Vehicle – yr/make: _____ \$ _____ Household furnishings: \$ _____
 Vehicle – yr/make: _____ \$ _____ Equity in real estate: \$ _____
 Other individual assets valued over \$200 each: _____ \$ _____

7. My household consists of myself and _____ others. Please indicate each person's name, relationship to you and if they are under age 18:

8. The other members of my household have monthly income totaling the amount of \$ _____ from:
 Wages Pension Social Security Disability Food stamps Student loan/grants
 Unemployment compensation Support/maintenance Other: _____

9. I have the following debts:	Amount	Monthly payment
a. Mortgage	\$ _____	\$ _____
b. Auto loan	\$ _____	\$ _____
c. Credit cards	\$ _____	\$ _____
d. Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. I have the following unusual expenses, other than ordinary living expenses:

