IN RE:	:	IN THE COURT OF COMMON PLEAS
ADOPTION OF	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	ORPHANS' COURT DIVISION
_____,	:	
A MINOR	:	No. _____

ORDER

AND NOW, this _____ day of _____, 20___,

upon review of the Application for Court-Appointed Parent Counsel filed by

_____, it is hereby ORDERED and

DECREED as follows:

☐ The application is GRANTED and _____,

Esquire is appointed as counsel at their current contracted rate.

☐ The application is DENIED for the following reason(s):

_____

_____.

☐ A hearing on the Application is scheduled for _____ ____.m. on

_____, 20_____ in Courtroom _____ at

☐ Dauphin County Courthouse, 101 Market Street, Harrisburg, PA.
☐ Juvenile Justice Center, 7th Floor, 25 S Front Street, Harrisburg, PA.

Applicant shall bring any and all supporting documents, including but not limited to paystubs, bank statements, and bills to the hearing.

BY THE COURT:

_____
J.

Distribution:

_____

_____

IN RE:	:	IN THE COURT OF COMMON PLEAS
ADOPTION OF	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	ORPHANS' COURT DIVISION
_____,	:	
A MINOR	:	No. _____

APPLICATION FOR COURT-APPOINTED PARENT COUNSEL

You must answer *every* applicable question. If there is no amount to be entered, you should indicate $0.

1. Name: _____

   Email: _____ or ☐ NONE

   Address: _____

   ☐ Check the box if you are currently without a house or apartment.

   Telephone: _____

   Relationship to Child/Children: _____

   Names of other Parties/Parent: _____

   _____

   Names of Counsel of other Parties/Parent: _____

   Date of Next Proceeding: _____

   Type of Hearing: ☐ Shelter Care
   ☐ Adjudication and Disposition
   ☐ Permanency Review
   ☐ TPR

   Judge or Hearing Officer: _____

2. Do you currently receive any of the following public benefits?

☐ YES ☐ NO Supplemental Nutrition Assistance Program (SNAP) (food stamps):

☐ YES ☐ NO Medicaid:

☐ YES ☐ NO Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI)):

☐ YES ☐ NO Temporary Assistance to Needy Families (TANF):

☐ YES ☐ NO Public Housing or Section 8 Housing:

☐ YES ☐ NO Needs-based VA pension:

☐ YES ☐ NO Low-Income Energy Assistance:

☐ YES ☐ NO Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

☐ YES ☐ NO Other need-based federal, state, or local program: If yes, name of program: _____

If you answered **YES** to any of the above**, skip the remainder** of this form and sign/date the Verification and Certification on the last page.

3. I am providing the following information about people who live with me:

   I support _____adult children, who are incapable of self-support due to a physical or mental disability.

   I support _____children under the age of 18 years.

4. GROSS MONTHLY INCOME (income before paying taxes and other payroll deductions):

   I earn $_____ each ☐week/☐month/☐year. I work as a _____ for _____.

   I receive $_____ unemployment compensation each ☐week/☐month/ ☐year. I have been unemployed since _____. My last employer was _____.

   I receive $_____ per month from other people.

   I receive $_____ per month from Retirement/Pension.

   I receive $_____ per month from Disability.

   I receive $_____ per month from Workers Comp.

   I receive $_____ per month from Social Security.

   I receive $_____ per month from Child/Spousal Support.

   I receive $_____ per month other sources.

   $_____ Total monthly gross income

5. ASSETS (Current Value):

   $_____ Cash
   $_____ Bank accounts or other financial assets
   $_____ Primary vehicle
   $_____ Other vehicles
   $_____ House
   $_____ Other real estate
   $_____ Other property: _____.

   $_____ Total value of property

6. MONTHLY EXPENSES YOU PAY:

   $_____ Rent/mortgage payments
   $_____ Food and household supplies
   $_____ Utilities, including cell phones
   $_____ Clothing and other personal expenses
   $_____ Medical and dental expenses/insurance
   $_____ Childcare
   $_____ Transportation, including car payments and repairs
   $_____ Child and/or spousal support and/or alimony
   $_____ Other expenses: _____

   $_____ Total monthly expenses

7. Are there any other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as homelessness or health issues?

   _____
   _____
   _____
   _____

VERIFICATION

I verify that the statements made in this application are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

_____ _____

Date Signature of Applicant

_____

Print Name of Applicant

CERTIFICATION

I, _____, certify that this *Application* complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

_____ _____

Date Signature of Applicant

_____

Print Name of Applicant

File the completed form with
Clerk of the Orphans' Court
101 Market Street, Room 103, Harrisburg, PA 17101

You must file one form for each child/case.