UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

In re   )

_____   ) Case No. _____

)

) (Chapter _____)

         Debtor.)

APPLICATION FOR APPOINTMENT OF PRO BONO COUNSEL
FOR A NON-DEBTOR PARTY IN A CONTESTED MATTER

Part A. Family Size and Income.

1. Including yourself, your spouse, and dependents, how many people are in your family? (Do not include your spouse if you are separated.) _____

2. Complete Bankruptcy Schedule I (Official Form 6I) and restate the amount provided on Line 16. (Attach a completed copy of Schedule I with this application.)

      Total Combined Monthly Income (Line 16 Schedule I) $_____

3. State the monthly net income, if any, of dependents included in Question 1 above. Do not include any income already reported in Question 2. If none, enter $0 $_____

4. Add lines 3 and 4. $_____

Part B. Monthly Expenses.

5. Complete Bankruptcy Schedule J (Official Form 6J) and restate the amount provided on Line 18. (Attach a completed copy of Schedule J with this application.) $_____

Part C. Real and Personal Property.

6. State the amount of cash you have on hand. $_____

7. State below any money you have in savings, checking, or other accounts in a bank or other financial institution.

Bank or other Financial Institution:	Type of Account (savings, checking, DC):	Amount:
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

8. State the assets owned by you. **Do not list ordinary household furnishings and clothing.**

Home
Address:

_____   Value: $_____

_____   Amount owed: $_____

Other real estate
Address:

_____   Value $_____

_____   Amount owed: $_____

Motor Vehicle   Model/Year: _____   Value: $_____

_____   Amount Owed: $_____

Motor Vehicle   Model/Year: _____   Value: $_____

_____   Amount Owed: $_____

Other   Description: _____   Value: $_____

_____   Amount Owed: $_____

9. State below any person, business, organization, or governmental unit that owes you money and the amount that is owed.

Name of person, business, or organization that owes you money: Amount Owed

_____ $_____

_____ $_____

Part D. Additional Information.

10. Please provide any other information that helps to explain why you are unable to afford counsel.

11. I declare under penalty of perjury that I cannot currently afford counsel in this matter and that the foregoing information is true and correct.

Executed on: _____   _____
                       Date   Signature