UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF COLUMBIA

In re)	Case No			
		(Chapter)			
	APPLICATION FOR PRO BONO COUNSEL FOR DEB	R APPOINTMENT OF STOR IN A CONTESTED MA	ATTER		
Select of	one of the following:				
	My schedules as filed or amended, if applicable, in the above-captioned bankruptcy case are complete and accurate as of the filing of this application. Complete Part D, below.				
	My schedules as filed or amended, if applicable, in the above-captioned bankruptcy case no longer accurately reflect my financial situation as of the filing of this application. Complete Parts A, B, C, and D, below.				
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 (Lin	ne 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 Famount provided on Line 18. (Attach a comwith this application.)	The state of the s	\$		

art C.	Real and Personal Property.				
6.	State the amoun	nt of cash you have on hand.		\$	
7.	State below any accounts in a ba				
	Bank or other Financial Institution: Type of Account (savi		Type of Account (savings,	checking, DC):	Amount:
			·		\$
					\$
					\$
8.	State the assets of	owned by you. D	Oo not list ordinary hous		*
	furnishings and	_			
	Home	Address:			
					\$
	Other real estate	Address:		Amount owed:	\$
				Value	\$
				Amount owed:	
	Motor Vehicle			Value:	\$
				Amount Owed:	\$
	Motor Vehicle	Model/Year:		Value:	\$
				Amount Owed:	\$
	Other	Description:		Value:	\$
				Amount Owed:	\$
9.			, organization, or governmount that is owed.	nental unit	
	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 cann foregoing information is true and correct.	ot currently afford counsel in this matter and that the			
Execute					
	Date	Signature			