

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>REQUEST FOR APPOINTMENT OF APPELLATE COUNSEL (Child Protection)</b>	<b>CASE NO.</b>  <b>PETITION NO.</b>  <b>JUDGE</b>
Court address		Court telephone no.

In the matter of \_\_\_\_\_  
 First and last name(s), alias(es)

**NOTE: Use form JC 44 to request the appointment of an attorney to appeal an order terminating your parental rights.**

To preserve a right to appeal under MCR 3.993(A), you must complete and file this form within 21 days of notice of the order you wish to appeal or within 21 days after an order is entered denying a timely postjudgment motion. If you have not preserved an appeal of right, or for types of orders that you do not have the right to appeal, you may request an attorney within 6 months of the order being entered. If you can establish that you are financially unable to retain an attorney, the court will appoint you an attorney to assist you in pursuing an appeal.\*

- I, \_\_\_\_\_, declare my intent to appeal from the order entered  
 Name  
 on \_\_\_\_\_ in the \_\_\_\_\_ Court by  
 Date  
 Hon. \_\_\_\_\_.
- I understand I have the right to be represented by an attorney. I am unable to pay fully for the services of an attorney and for the cost of transcripts and have completed the Financial Schedule on page 2 of this form.
- I request** an attorney be appointed by the court and the cost of transcripts be waived. I understand I may be ordered to reimburse the court for all or part of the attorney fees and transcript costs.
- I authorize the court to investigate and obtain any further relevant information from my employer, creditors, the Michigan Department of Health and Human Services, the Social Security Administration, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney and waiver of costs of transcripts.

\_\_\_\_\_  
 Date

_____ Signature	_____ Address
_____ Name (type or print)	_____ City, state, zip
	_____ Telephone no.

\*For appeals of orders terminating parental rights, a shorter time frame applies.

### FINANCIAL SCHEDULE

<b>1. RESIDENCE</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relative(s) <input type="checkbox"/> Room/Board	
<b>2. MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
<b>3. INCOME</b> a. Employer name and address	b. Length of employment
	c. Average take-home pay \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
d. Other income      State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.).	
<b>4. ASSETS</b> State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.	
<b>5. OBLIGATIONS</b> Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
<b>6. ATTORNEY COSTS</b> I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.	

I declare under the penalties of perjury that the above information has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature