



**I understand I may be required to repay the State for my attorney fees and costs and those of my child, I may be required to sign a wage assignment, and I must report any changes in this information. I promise under penalty of perjury the statements I make in this application are true and I am unable to pay an attorney.**

Date: \_\_\_\_\_

Signature: [Name] /s/ \_\_\_\_\_

[Law Firm] \_\_\_\_\_

[Mailing Address] \_\_\_\_\_

[Telephone Number] \_\_\_\_\_

[E-mail Address] \_\_\_\_\_

[Additional E-mail Address] \_\_\_\_\_