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**Rule 12.36 — Form 6:** ***Application for Appointment of Counsel and Financial Statement.***

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

| | |
|---|---|
| IN THE MATTER OF:<br><br>_____,<br>ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,<br><br>Respondent. | No. _____<br><br>**APPLICATION FOR APPOINTMENT OF COUNSEL AND FINANCIAL STATEMENT** |

I, the undersigned, say that I am (respondent) (respondent's spouse) (next friend) or (guardian) herein, and I request the Court to appoint counsel to represent respondent at public expense. The following statement relating to respondent's financial affairs is submitted in support of this application.

Name _____

Address _____

Marital status _____

Number and ages of dependents _____

Business or employment _____

Average weekly earnings _____

Total income past 12 months _____

Is respondent now in custody: Yes _____ No _____. If NO, is respondent working and at what salary: _____

_____

Is spouse working: Yes _____ No _____. If so, name of employer and average weekly wage _____

_____

Motor vehicles: List make, year, amount owing thereon, if any, and how title is registered _____

_____

List balance of bank accounts of respondent and spouse _____

_____

List all sources of income other than salary from employment _____

_____

Describe real estate owned, if any, and value thereof _____

_____

Total amount of debts: _____

_____

List on the reverse side hereof all other assets owned by respondent, other than clothing and personal effects.

## Oath and Signature

I,_____, have read this Application, and I certify under penalty
*Print your full name: first, middle, last*
of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application is true and correct.

| | | | |
|---|---|---|---|
| _____ | _____ | _____, | 20_____ |
| *Applicant's signature** | *Month* | *Day* | *Year* |
| _____ | _____ | _____ | _____ |
| *Mailing address* | *City* | *State* | *ZIP code* |

| | | |
|---|---|---|
| (_____) _____ | _____ | _____ |
| *Phone number* | *Email address* | *Additional email address, if applicable* |

**Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*