



Rule 12.36—Form 3: Application for Appointment of Counsel and Financial Statement

In the Iowa District Court for _____ County

County where Application is filed

In the Matter of

Respondent *Full name: first, middle, last*

Alleged to be Seriously Mentally Impaired

No. _____

Application for Appointment of Counsel and Financial Statement

1. I, _____, state that I am:
Print your full name: first, middle, last

Check one

- ☐ Respondent
☐ Respondent's spouse
☐ Next friend of Respondent
☐ Guardian of Respondent

and I request the court appoint counsel to represent Respondent at public expense because Respondent is financially unable to employ counsel.

2. Respondent's information

A. _____
Respondent's full name: first, middle, last

_____, _____, _____
Street address City State ZIP code

_____, _____
Marital status Number of dependents

B. Respondent's age: _____

C. Is Respondent currently in custody? ☐ Yes ☐ No

D. Respondent's employment status:

- ☐ Full-time
☐ Part-time (approximate hours per week: _____)
☐ Unemployed

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**3. Respondent's income****A. Income Respondent currently receives before taxes and deductions:****How often received?**W = Weekly B = Bi-weekly (every other week) M = Monthly Y = Yearly*

Average current income for Respondent	Income	
	How often received?*	Amount
	W, B, M, Y	
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other <i>Identify:</i>		\$
(7) Other <i>Identify:</i>		\$
(8) Other <i>Identify:</i>		\$
(9) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you attached additional pages regarding income sources.</i>		\$
Total <i>Total income received by Respondent</i>		\$

B. Total income from the past 12 months from any source, before taxes and deductions:

\$ _____

C. Is Respondent's spouse working? ☐ Yes ☐ No

If yes, spouse's wages before taxes and deductions: \$ _____

per: ☐ hour ☐ month ☐ year*Continued on next page*

**4. Respondent's assets****A. Real estate**

Type of real estate	Jointly owned?	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$
(2) Other real estate <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$

☐ Check this box if you have attached additional pages.**B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)**

Vehicle <i>Make (e.g., Ford), model, year</i>	Jointly owned?	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net Value <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

☐ Check this box if you have attached additional pages.**C. Other assets, if any:**

☐ Check this box if you have attached additional pages.*Continued on next page*

**5. Respondent's debts**

Debts and liabilities of Respondent	Debts and liabilities
	Amount
(1) Mortgage	\$
(2) Car loan	\$
(3) Credit card debt	\$
(4) Other <i>Identify:</i>	\$
(5) Other <i>Identify:</i>	\$
(6) Other <i>Identify:</i>	\$
(7) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you attached additional pages regarding debts and liabilities.</i>	\$
Total	\$

6. Respondent's expenditures

Type of expense	Amount <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food	\$
(3) Insurance (<i>health, dental, auto, etc.</i>)	\$
(4) Utilities (<i>gas, electric, water, internet, etc.</i>)	\$
(5) Phone	\$
(6) Child support payments	\$
(7) Car payment	\$

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(8) Credit card payments	\$
(9) Other expense <i>Identify:</i>	\$
(10) Other expense <i>Identify:</i>	\$
(11) Other expense <i>Identify:</i>	\$
(12) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you attached additional pages regarding expenses.</i>	\$
Total <i>Total expenditures</i>	\$

7. Oath and signature

I, _____, have read this Application, and I certify under
Print your full name: first, middle, last

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Application is true and correct.

_____, 20____
*Month Day Year Applicant's signature**

_____, _____, _____
Mailing address City State ZIP code

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

**This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*