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8	UNITED STATES DISTRICT COURT	
9	SOUTHERN DISTRICT OF CALIFORNIA	
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11) Civil No.	
12	Plaintiff,) REQUEST FOR APPOINTMENT O	
13	v.) COUNSEL UNDER THE CIVIL RIG V.) ACT OF 1964, 42 U.S.C. 2000e 5(f)() DECLARATION IN SUPPORT OF	энт S (1);
14) DECLARATION IN SUPPORT OF) REQUEST	
15	Defendants.	
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17	1. I, the plaintiff in the above-entitled employment discrimination action, reque	est that the
18	court appoint an attorney to represent me in this matter. In support of this request, I state	as follows
19	A. my claim is meritorious (that is, I have a good case), and	
20	B. I have made a reasonably diligent effort to obtain counsel, and	
21	C. I am unable to find an attorney willing to represent me on terms that	t I can
22	afford.	
23	2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opp	ortunity
24	Commission is attached to the complaint which accompanies this request for counsel.	
25	3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission	found "no
26	reasonable cause" to believe the allegations made in your charge were true?	
27	Yes No	
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1	IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2	COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3	AND C.
4	B. Do you question the correctness of the Commission's "no reasonable cause"
5	determination?
6	Yes No
7	C. If you answered "yes" to question 3B, what are your reasons for questioning the
8	Commission's determination? Be specific and support your objections with fact. Do not simply
9	repeat the allegations made in your complaint; the court will review your complaint in considering this
10	request for counsel.
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28	(Attach additional sheets as needed)
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1	4. Have you talked with any attorney about handling your claim?
2	Yes No
3	If "YES," give the following information about each attorney with whom you talked:
4	Attorney:
5	When:
6	Where:
7	How (by telephone, in person, etc.):
8	Why attorney was not employed to handle your claim:
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12	Attorney:
13	When:
14	Where:
15	How (by telephone, in person, etc.):
16	Why attorney was not employed to handle your claim:
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20	Attorney:
21	When:
22	Where:
23	How (by telephone, in person, etc.):
24	Why attorney was not employed to handle your claim:
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28	(Attach additional sheets as needed)

1 2	5. Explain any other efforts you have made to contact an attorney to handle your claim:
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6	6. Give any other information which supports your application for the court to appoint an
7	attorney for you:
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12	7. Give the name and address of each attorney who has represented you in the last 10 years
13	for any purpose:
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19	(Attach additional sheets as needed)
20	8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21	below:
22	A. <u>Employment</u>
23	Are you employed now? yes no am self-employed
24	Name and address of employer:
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1	If employed, how much do you earn per month?
2	If not employed, give month and year of last employment:
3	How much did you earn per month in your last employment?
4	If married, is your spouse employed? yes no
5	If "YES," how much does your spouse earn per month?
6	If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7	income?
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9	B. <u>Assets</u>
10	(i) Other Income
11	Have you received within the past 12 months any income from a business, profession or other
12	form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13	payments or other sources? yes no
14	If "YES," give the amount received and identify the sources:
15	\$ Received Source
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28	(Attach additional sheets as necessary)
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1	(ii) <u>Cash</u>
2	Have you any cash on hand or money in savings or checking accounts? yes no
3	If "YES," state total amount:
4	(iii) <u>Property</u>
5	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property
6	(excluding ordinary household furnishings and clothing)? yes no
7	If "YES," give value and describe it:
8	<u>Value</u> <u>Description</u>
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15	C. <u>Obligations and Debts</u>
16	(i) <u>Dependents</u>
17	Your marital state is: single married widowed, separated or divorced.
18	Your total number of dependents is :
19	List those person you actually support, your relationship to them, and your monthly
20	contribution to their support:
21	Name/Relationship Monthly Support Payment
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1	(ii) <u>Debts and Monthly Bills</u>
2	List all creditors, including banks, loan companies and charge accounts, etc.
3	<u>Creditor</u> <u>Total Debt</u> <u>Monthly Payment</u>
4	Rent:
5	Mortgage
6	on Home:
7	Others:
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15	9. <u>Signature</u>
16	I declare under penalty of perjury that the above is true and correct.
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18	Dated:
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20	Signature
21	(Notarization is not required)
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