

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

Plaintiff(s) )  
 )  
 )  
 v. )  
 )  
 )  
 Defendant(s) )

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

**MOTION FOR ATTORNEY REPRESENTATION**

**(NOTE: Failure to complete all items may result in the denial of this motion.)**

1. I, \_\_\_\_\_, declare that I am the (check appropriate box)  
 plaintiff  defendant in this case and that I am unable to afford the services of an attorney. I hereby ask the Court for an attorney to represent me in this case.
2. I declare that I have contacted the following attorneys/organizations seeking representation: **(NOTE: This item must be completed.)**

but I have been unable to find an attorney because:

3. I declare that (check all that apply):  
*(Now:)*  
 I *am not* currently represented by an attorney requested by the Court in any federal criminal or civil case.  
**OR**  
 I *am* currently represented by an attorney requested by the Court in a federal criminal or civil case. If this box is checked, please provide details on the last page of this motion.  
  
*(Earlier:)*  
 I have not previously been represented by an attorney requested by the Court in any federal criminal or civil case.  
**OR**  
 I have previously been represented by an attorney requested by the Court in a federal criminal or civil case. If this box is checked, please provide details on the last page of this motion.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

4. I declare that (check one):
- I have attached an original Application for Leave to Proceed In Forma Pauperis detailing my financial status.
  - I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case, and it is still true and correct.
  - I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.
5.  I declare that my highest level of education is (check one):
- Grammar School       Some High School       High School Graduate
  - Some College       College Graduate       Post-Graduate
6.  I declare that my ability to speak, write, and/or read English is limited because English is not my primary language. (Check ONLY if applicable.)
7.  I declare that this form and/or other documents in this case were prepared with the help of an attorney from the U.S. District Court *Pro Se* Assistance Program. (Check ONLY if applicable.)
8. I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Movant

Street Address

Date

City, State, Zip

Other cases in which an attorney requested by this Court has represented me:

Case Name:	Case No:
Attorney's Name:	The case is still pending: <input type="checkbox"/> Yes <input type="checkbox"/> No
The appointment was limited to settlement assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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Case Name:	Case No:
Attorney's Name:	The case is still pending: <input type="checkbox"/> Yes <input type="checkbox"/> No
The appointment was limited to settlement assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Attorney's Name:	The case is still pending: <input type="checkbox"/> Yes <input type="checkbox"/> No
The appointment was limited to settlement assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Complete only if you are currently or have previously been represented by an attorney requested by the court.**

Description of case:

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]