

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

Plaintiff(s))	
)	
)	Case Number:
v.)	
)	
)	Judge:
Defendant(s))	
)	

MOTION FOR ATTORNEY REPRESENTATION

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

- 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.
- 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:

- 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. The case is described on the back of this page.

(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. The case is described on the back of this page.
- I declare that (check -one):
 I have attached an original Application for Leave to Proceed *In Forma Pauperis* detailing my financial status.

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

- 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: _____ This 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
Case Name: _____ Case No.: _____
Attorney's Name: _____ This 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
Case Name: _____ Case No.: _____
Attorney's Name: _____ This 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.]