

APPLICATION FOR APPOINTMENT OF ATTORNEY

F-3

Resource Center
1 South Sierra St., Third Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**APPLICATION FOR
APPOINTMENT OF ATTORNEY**

PACKET F-3

**USE THIS APPLICATION ONLY IF THE FOLLOWING
REQUIREMENTS ARE MET:**

- You are the parent or guardian of a child in the legal custody of Washoe County Department of Social Services.
- You cannot afford to hire an attorney.

INSTRUCTIONS FOR COMPLETING FORMS

CAREFULLY READ ALL INSTRUCTIONS BEFORE STARTING TO FILL OUT
ANY OF THE FORMS

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Application for Appointment of Attorney
2. Request for Submission
3. Order for Appointment of Attorney

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00 N.R.S. §199.145.

INSTRUCTIONS: STEP 1

Application for Appointment of Attorney

1) Print your name, address, telephone number and email address.

2) Print the names of the child(ren), the case number and department number just as they appear on all other documents in this case.

3) Each section of the Application has a box with instructions. Please follow the instructions and complete pages 1-6.

1	Code: _____
2	Name: _____
	Address: _____
3	_____
4	Telephone: _____
	Email: _____
5	Self-Represented Litigant _____
6	
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	In the Matter of:
11	_____ Case No. _____
12	_____ Dept No. _____
13	_____ Minor Child(ren). _____
14	
15	<u>APPLICATION FOR APPOINTMENT OF ATTORNEY</u>
16	I declare that, pursuant to NRS 12.015, I am requesting that the Court appoint an attorney to
17	represent me in the above-entitled matter. I am the <input type="checkbox"/> PARENT -OR- <input type="checkbox"/> LEGAL GUARDIAN
18	of at least one of the children listed above.
19	
20	I.
21	Monthly Benefits Received:
22	Check each box that applies to you. You may need to check more than one box.
23	If you are not receiving any of the benefits listed, proceed to section II.
24	
25	I receive benefits from one or more of the following programs (please check all that apply):
26	<input type="checkbox"/> Supplemental Security Income (SSI); <input type="checkbox"/> Food Stamps; <input type="checkbox"/> Food Stamps; <input type="checkbox"/> Temporary
27	Assistance for Needy Families (TANF); <input type="checkbox"/> Medicaid; <input type="checkbox"/> Subsidized Housing through Reno
28	Housing Authority; <input type="checkbox"/> Client of Legal Services.

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INSTRUCTIONS: STEP 2

Complete the Request for Submission Form

1) Print your name, address, telephone number and email address.

2) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

3) Print the date you filed the Application for Appointment of Attorney

4) Date, sign and print your name on the form.

1	Code: 3860
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	In the Matter of:
11	_____ Case No. _____
12	_____ Dept. No. _____
13	_____
14	Minor Child(ren) _____
15	
16	<u>REQUEST FOR SUBMISSION</u>
17	I request that the Application for Appointment of Attorney filed on _____
18	be submitted to the Court for decision. (Date the form was filed)
19	This document does not contain the Social Security Number of any person.
20	Date: _____ Signature: _____
21	
22	Print Your Name: _____
23	
24	
25	
26	
27	
28	
	REV 4/2016 CG 1 REQUEST FOR SUBMISSION

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INSTRUCTIONS: STEP 4

Preparing the Order Regarding Application for Appointment of Attorney

1) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

2) Print your name. Stop here the court will fill out the rest of the form.

1	CODE: 2745
2	
3	
4	
5	IN THE FAMILY DIVISION
6	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7	IN AND FOR THE COUNTY OF WASHOE
8	
9	In the Matter of:
10	_____ Case No. _____
11	_____ Dept No. _____
12	_____
13	Minor Child(ren) _____
14	
15	<u>ORDER FOR APPOINTMENT OF ATTORNEY</u>
16	Upon review of the Application for Appointment of Counsel and Financial Declaration and
17	Good Cause appearing:
18	IT IS HEREBY ORDERED THAT the Application for Appointment of Counsel is
19	<input type="checkbox"/> GRANTED and the Washoe county Public Defender's Office is appointed to represent
20	_____ (Print your full name here)
21	<input type="checkbox"/> DENIED on the following basis:
22	_____
23	_____
24	_____
25	_____
26	Dated this ____ day of _____, 20 ____.
27	_____
28	COURT MASTER _____ DISTRICT JUDGE _____

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INSTRUCTIONS: STEP 5

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, in the Law Library and the Resource Center.

Sign into your eFlex account using the username and password you created and electronically file the:

- Application for Appointment of Attorney;
- Request for Submission and Exhibit Index; and
- Order for Appointment of Attorney (as an exhibit to the Request for Submission).

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Law Library and the Resource Center.