

STATE OF ILLINOIS
Torture Inquiry and Relief Commission

IN RE:

TIRC Claim No.:

APPLICATION FOR APPOINTED COUNSEL BASED UPON INDIGENCY

I, _____, on oath state:

1. I am employed as a(n) _____
by _____.
2. My other sources of income (including spouse's income) or support are: _____
_____.
3. The amount of income that I expect for this year is \$_____.
4. My income for the previous year was \$_____.
5. The persons dependent on me for support are _____.
6. My other sources of income are: SSI Public Aid SNAP Benefits Family Assistance Foster Care Aid to Aged, Blind and Disabled Temporary Assistance for Needy Families General Assistance State Transitional Assistance State Children and Family Services Other: _____
\$_____ (per month).
7. The nature and value of property I own includes: Real Estate (Describe property, specify address, present value and mortgage liens outstanding.) _____

 Cash, Bank Accounts, etc. \$_____ Clothing and Jewelry \$_____
 Motor vehicle – Model _____ Year _____ Value \$_____
8. My monthly living expenses, including payments of debts and child support, are \$_____.
9. I am unable to pay the cost of counsel for this claim and to do so would cause a substantial hardship on me and my family.

Under penalties of perjury and/or contempt, the undersigned certifies that the statements set forth in this Application are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

Signature of Applicant