



**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA  
OFFICE OF THE CLERK**

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Clerk of Court

Telephone: 225-389-3500

Facsimile: 225-389-3501

December 2, 2010

To Applicant for Court Appointed Counsel:

This is in response to your inquiry about a lawsuit you may wish to bring under Title VII of the Civil Rights Act of 1964. Under this law, the court, upon application by a complainant, is permitted to appoint an attorney for the applicant and to allow commencement of the action without prepayment of fees, costs, or security.

Any such application is, at the direction of this court, to be in writing and to be filed with this office. Attached for your convenience is a form to be used for this purpose.

Appointment of an attorney and waiver of prepayment of fees are granted only in such circumstances as the court may deem to be just. While there are no rigid requirements governing such requests, the court does consider such matters as the financial condition of the applicant, the substantiality of the claimed discrimination, and on request to appoint counsel, the efforts taken by the applicant to employ an attorney. Accordingly, any application you file should state fully the facts and reason why, in your opinion, your request should be granted.

You are cautioned that any lawsuit under Title VII, to be brought by you or on your behalf, must be filed within ninety days after receipt by you of the Equal Employment Opportunity Commission's "right-to sue" notice. A delay on your part in filing an application for appointment of an attorney or waiver of prepayment of fees may result in loss of rights under Title VII.

When your application is received, the clerk will automatically refer the matter to the appropriate judge or magistrate judge and will immediately send you a copy of the court's decision. If you need additional copies of this application form or further information, please call or write this office.

rev. 12/2010

**UNITED STATES DISTRICT COURT**  
**MIDDLE DISTRICT OF LOUISIANA**

**Application**  
**Under Section 706 (f)**  
**of Civil Rights Act of 1964**  
**42 U.S.C. §2000e - 5(f)(1)**

Declaring that the information I have given below is true and correct, I apply to the court for:

- (     )     Appointment of an attorney.
- (     )     Authority to commence an action without prepayment of fees, costs or security.

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**I. Personal Financial Data**

A.     Your full name and present mailing address:

Telephone:

B.     Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes," give the name and address of your employer and the amount of your usual weekly salary or wages.

Weekly earnings?                   \_\_\_\_\_

If you are not presently employed, give the name and address of your last employer, when you last worked, and the amount of weekly salary or wages you were receiving.

Date last worked:                   \_\_\_\_\_

Weekly earnings:                   \_\_\_\_\_

C. Approximately how much money have you received in the past twelve months:

as wages, salary, commissions or earned income of any kind?

\$ \_\_\_\_\_

as interest, dividends, rents or investments of any kind?

\$ \_\_\_\_\_

as gifts or inheritance?

\$ \_\_\_\_\_

from social security, unemployment compensation or any form of state or federal welfare payments or benefits?

\$ \_\_\_\_\_

from pensions, annuities, workmen's compensation, disability or other insurance policies?

\$ \_\_\_\_\_

from all other sources?

\$ \_\_\_\_\_

D. How much money do you own or have in any checking or savings accounts?

\$ \_\_\_\_\_

E. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding household items and clothing)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes," describe the property and state its approximate value:

F. How much money do you owe to others?

\$ \_\_\_\_\_

As to each debt over \$100.00, state the name of the creditor and the amount owed:

G. List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute each year toward their support.

H. Are there any other persons regularly residing in your household who are over the age of eighteen and who are presently employed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes," give the following information for each such person:

Name:

Relationship:

Employer:

Weekly earnings:

I. Any other information which you believe supports your claim that you cannot financially afford to make payment of court fees.

## II. NATURE OF ALLEGED DISCRIMINATION

- A. Describe in your own words the employment practices about which you are complaining, identifying the persons, firms, companies, unions, agencies and bodies you say have engaged in such practices. (Attach an additional sheet, if necessary.)
- B. Have you filed with the Equal Employment Opportunity Commission (EEOC) a charge relating to such practices?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If "yes," attach a copy of such charge.
- C. Have you received from the EEOC a letter notifying you of your "right-to-sue" respecting such charges?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If "yes," attach a copy of such letter and notice and state when you received the same.
- Date received: \_\_\_\_\_
- D. Have you received from the EEOC a copy of its Determination with regard to your charges?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If "yes," attach a copy of such determination. Also, if you disagree with any of the EEOC's findings or conclusions, state why:
- E. List any other information you desire to disclose which supports your claim of discriminatory employment practices.

**III. EFFORTS TO OBTAIN ATTORNEY**

A. Have you talked with any attorney about handling your claim?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," give the following information about each attorney with whom you talked:

Attorney:

When:

Where:

How (in person, by phone, etc.):

Why the attorney was not employed to handle your claim:

Attorney:

When:

Where:

How (in person, by phone, etc.):

Why the attorney was not employed to handle your claim:

Attorney:

When:

Where:

How (in person, by phone, etc.):

Why the attorney was not employed to handle your claim:

B. Explain any other efforts you have made to contact an attorney to handle your claim:

C. List any other information which supports your application for the court to appoint counsel:

D. Name and address of each attorney who has represented you in the last ten years:

**IV. ATTESTATION AND SIGNATURE**

Under penalty of perjury, I declare that the information given on the preceding pages is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_



UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

RE:

CIVIL NO.

ORDER

The Court having been presented with the application of \_\_\_\_\_ to have an attorney appointed to assist \_\_\_\_\_ in filing a civil action based on Sec. 706 of the 1964 Civil Rights Act, 42 USC § 2000e -5, and the Court being of the opinion that \_\_\_\_\_ is entitled to court-appointed counsel under said Act,

IT IS ORDERED that \_\_\_\_\_, whose address is \_\_\_\_\_, be appointed as attorney and that \_\_\_\_\_ be permitted to proceed under said ACT without the payment of fees, costs, or security.

Baton Rouge, Louisiana, \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
United States District Judge

**UNITED STATES DISTRICT COURT**  
**MIDDLE DISTRICT OF LOUISIANA**  
**OFFICE OF THE CLERK**

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF LOUISIANA

GUIDE FOR FILING FEDERAL CIVIL SUITS

<u>ITEM</u>	<u>REQUIREMENTS</u>
SUMMONS AND COMPLAINT	The original and one copy of the Complaint. One Summons for each defendant to be served is required.
SIGNATURE	The Complaint must be signed. See Federal Rules Civil Procedure 11. Counsel's name, complete address, telephone number and party represented must be typed on all pleadings. For <u>pro se</u> plaintiffs, the name, address and telephone number of the plaintiff must be typed on the last page of the complaint.
SERVICE	See Federal Rules of Civil Procedure 4.
COURT FEES	\$400.00 cashier's check, law firm check or money order payable to U. S. Courts, or VISA or Mastercard with identification. No personal checks accepted. (Fee due for each case. Fee due whether a suit is Complaint or Notice of Removal)

NOTE: A PRO SE LITIGANT HAS THE RESPONSIBILITY OF COMPLYING WITH THE LOCAL RULES OF THIS COURT, THE FEDERAL RULES OF CIVIL PROCEDURE, OR ANY OTHER OBLIGATIONS IMPOSED BY THE LAW.

**THIS OFFICE IS PROHIBITED BY LAW FROM GIVING OUT LEGAL ADVICE.**

**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA**

**name of plaintiff(s)**

**CIVIL ACTION**

**versus**

**NO. \_\_\_\_\_ )**

**name of defendant(s)**

**COMPLAINT**

**1. State the grounds for filing this case in Federal Court (include federal statutes and/or U. S. Constitutional provisions, if you know them):**

**2. Plaintiff, \_\_\_\_\_ resides at**

\_\_\_\_\_, \_\_\_\_\_,  
**street address city**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
**parish state zip code telephone number**

**(if more than one plaintiff, provide the same information for each plaintiff below)**

**3. Defendant, \_\_\_\_\_ lives at, or**

**its business is located at \_\_\_\_\_,**  
**street address**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
**city parish state**

\_\_\_\_\_, \_\_\_\_\_.  
**zip code telephone number**

(if more than one defendant, provide the same information for each defendant below)

4. **Statement of claim ( State as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):**

5. **Prayers for Relief (list what you want the Court to do):**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**I (we) hereby certify under penalty of perjury that the above petition is true to the best of my (our) information, knowledge, and belief.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(signature of plaintiff (s))**