

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

Telephone: 225-389-3500
Clerk of Court
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 you 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 c				
	()	Appointment of an attorney.		
	()	Authority to commence an action without prepayment of fees, costs or security.		
			I. <u>Personal Financial Data</u>		
A.	Your	full na	ame and present mailing address:		
	Telep	hone:			
B.	Are you presently employed? Yes No				
			er is "yes," give the name and address of your employer and the amount of your ly salary or wages.		
	Week	rly ear	nings?		
	If you	ı are n	ot presently employed, give the name and address of your last employer, when rked, and the amount of weekly salary or wages you were receiving.		
	Date	last w	orked:		
	Week	dy ear	nings:		

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?
	\$
Е.	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:
C	
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.
Н.	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 you 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.)
В.	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," <u>attach</u> 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," <u>attach</u> a copy of such determination. Also, if you disagree with any of the EEOC's findings or conclusions, state why:
Е.	List any other information you desire to disclose which supports you claim of discriminatory employment practices.

III. EFFORTS TO OBTAIN ATTORNEY

A.	Have you ta	Have you talked with any attorney about handling your claim?			
	Yes	No			
	If "yes," giv	If "yes," give the following information about each attorney with whom you talked:			
	Attorney:				
	When:				
	Where:				
	How (in per	rson, by phone, etc.):			
	Why the att	orney was not employed to handle your claim:			
	Attorney:				
	When:				
	Where:				
	How (in per	rson, by phone, etc.):			
	Why the att	forney was not employed to handle your claim:			
	Attorney:				
	When:				
	Where:				
	How (in per	rson, by phone, etc.):			
	Why the att	forney 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

and co		the information given on the preceding pa	ges is true
Date:_			
		Signature	
WITN	TESSES:		
		-	

UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF LOUISIANA

RE:	CIVIL NO.	
	ORDER	
The Court having been presen	ted 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 Ac	t, 42 USC § 2000e -5, and the Court be	ing of the opinion that
	is entitled to court-appointed counsel	under said Act,
	be permitted to pro-	
without the payment of fees, costs, o	r security.	
Baton Rouge, Louisiana,		
	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 The original and one copy of the Complaint. One Summons for each defendant

COMPLAINT 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 $\underline{\text{pro}}$ $\underline{\text{se}}$ 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 \$402.00 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

nam	e of plaintiff(s)	CIVIL ACTION
versi	us	NO)
nam	e of defendant(s)	
		<u>COMPLAINT</u>
1.		ling this case in Federal Court (include federal statutes and/or ovisions, if you know them):
2.	Plaintiff,	resides at
	street address	city
	parish , _	state zip code telephone number
	(if more than one plain	tiff, provide the same information for each plaintiff below)
3.	Defendant,	lives at, or
	its business is located a	t
	city	parish state
	zip code telephono	e number

4.	each	defendant is inv	olved. Inclu	fly as possible the facts of you de also the names of other po ible. You may use additional	ersons involved, dates,
	5.a.b.c.			nt you want the Court to do):	-
•	(our) i	hereby certify unformation, kno	inder penalty owledge, and	y of perjury that the above pet belief	
				(signature of plaintiff (s))	

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