## DISTRICT OF COLUMBIA COURT OF APPEALS BOARD ON PROFESSIONAL RESPONSIBILITY

| In the Matter of:  | Bar Docket No  |
|--------------------|--|
| Respondent.        | )  |
| AFFIDA             | VIT IN SUPPORT OF MOTION FOR COMPENSATION OF COUNSEL BASED ON FINANCIAL HARDSHIP         |
| I,                 | , depose and say that I am the Respondent in the   |
| above-entitled n   | natter; that in support of my motion for compensation of counsel based on my             |
| indigency, I state | e that because of indigency, I am unable to pay the costs of employing counsel in        |
| this proceeding    | or to give security therefor and that I believe I am entitled to have the Board          |
| compensate cour    | nsel and pay reasonable and necessary expenses.  |
| In suppor          | t of my motion for compensation of counsel, I provide the following responses to         |
| questions relatin  | g to my ability to pay the costs of employing counsel:                                   |
| 1. A               | Are you or your spouse/domestic partner <sup>1</sup> (if applicable) presently employed? |
|                    | Yes No   |
| a.                 | If the answer is "yes," state the amount of your and, if applicable, your                |
|                    | spouse's/domestic partner's salary or wages (before taxes or other                       |
|                    | deductions) per month for the twelve months immediately preceding the                    |
|                    | filing of this affidavit, and give the name and address of your and/or your              |
|                    | spouse/domestic partner's employer:  |
|                    |  |

<sup>&</sup>lt;sup>1</sup> As used herein, the term domestic partner shall have the meaning set forth in D.C. Code § 32-701(3).

|    | Salary or wages (respondent):  |
|----|--|
|    | Employer's name:   |
|    | Address:   |
|    |  |
|    |  |
|    | Salary or wages (spouse/domestic partner):                                   |
|    | Employer's name:   |
|    | Address:   |
|    |  |
|    |  |
| b. | If the answer is "no," state the date of your last employment and the amount |
|    | of the salary or wages (before taxes or other deductions) per month that you |
|    | and, if applicable, your spouse/domestic partner received for the twelve     |
|    | months immediately preceding the submission of this affidavit:               |
|    | Salary or wages:   |
|    | Date of last employment:   |
|    |  |
|    | Salary or wages (spouse/domestic partner):                                   |
|    | Date of last employment:   |
|    |  |

|                        | 2. Other than the incom  | ne reflected in paragraph 1 above, have you or    |  |
|------------------------|--|---|--|
|                        | your spouse/domestic partne  | r (if applicable) received within the past twelve |  |
|                        | months any income from a   | a business, profession, or other form of self-    |  |
|                        | employment, or in the for  | rm of salaries, wages, distributions, interest,   |  |
|                        | dividends, alimony, child s  | support, gifts, inheritances, rent payments, or   |  |
|                        | government benefits (inclu   | ading but not limited to unemployment or          |  |
|                        | disability payments), or from  | any other source?                                 |  |
|                        | Yes  | No  |  |
| a.                     | If the answer is "yes," describe each source of income and state the gross |   |  |
|                        | and net amounts received fr  | om each during the twelve months immediately      |  |
|                        | preceding the submission of  | this affidavit.                                   |  |
|                        |  |   |  |
| Source of income:      |  | Source of income:                                 |  |
| Gross amount received: |  | Gross amount received:                            |  |
| Net amount received:   |  | Net amount received:                              |  |
|                        |  |   |  |
| Source of income:      |  | Source of income:                                 |  |
| Gross amount received: |  | Gross amount received:                            |  |
| Net amount received:   |  | Net amount received:                              |  |
|                        |  |   |  |

| 3. Do you own (whether individually or jointly with your spouse/domestic partner) |   |  |  |  |
|---|---|--|--|--|
| any cash or checking, money market, savings or equivalent account(s)?             |   |  |  |  |
| Yes   | No  |  |  |  |
| a. If the answer is "yes," sta  | te the average monthly balance of each such       |  |  |  |
| account over the twelve   | e-month period immediately preceding the          |  |  |  |
| submission of this affidavit,   | as well as the total value of each on the date of |  |  |  |
| submission of this affidavit.   |   |  |  |  |
| Account type: CASH  | Account type:                                     |  |  |  |
| Average monthly balance:  | Average monthly balance:                          |  |  |  |
| Current balance:  | Current balance:                                  |  |  |  |
|   |   |  |  |  |
| Account type:   | Account type:                                     |  |  |  |
| Average monthly balance:  | Average monthly balance:                          |  |  |  |
| Current balance:  | Current balance:                                  |  |  |  |
|   |   |  |  |  |
| Account type:   | Account type:                                     |  |  |  |
| Average monthly balance:  | Average monthly balance:                          |  |  |  |
| Current balance:  | Current balance:                                  |  |  |  |
|   |   |  |  |  |

| 4. Do you own (whether individually or jointly with your spouse/domestic partner)      |  |  |  |  |  |
|--|--|--|--|--|--|
| any real estate, stocks, bonds, notes, automobiles, or other asset (excluding ordinary |  |  |  |  |  |
| household furnishings and clothing)?   |  |  |  |  |  |
| Yes No   |  |  |  |  |  |
| a. If the answer is "yes", describe the asset and state its current approximate        |  |  |  |  |  |
| value, and your equity in any real estate or other asset.                              |  |  |  |  |  |
| Asset: Asset:  |  |  |  |  |  |
| Approximate value: Approximate value:  |  |  |  |  |  |
| Equity: Equity:  |  |  |  |  |  |
|  |  |  |  |  |  |
| Asset: Asset:  |  |  |  |  |  |
| Approximate value: Approximate value:  |  |  |  |  |  |
| Equity: Equity:  |  |  |  |  |  |
|  |  |  |  |  |  |
| Asset: Asset:  |  |  |  |  |  |
| Approximate value: Approximate value:  |  |  |  |  |  |
| Equity: Equity:  |  |  |  |  |  |
|  |  |  |  |  |  |

| 5.             | 5. List the persons for whom you provide at least fifty percent of their total |  |  |  |
|----------------|--|--|--|--|
| and sta        | ate your relationship to those pe  | ersons.  |  |  |
|                | Name   | Relationship   |  |  |
|                |  |  |  |  |
|                |  |  |  |  |
|                |  |  |  |  |
|                |  |  |  |  |
| I unde         | erstand that this affidavit will l   | be confidential, unless a Specification of Charges or a    |  |  |
| Petition for N | legotiated Discipline has been   | filed against me, or is filed against me in the future, in |  |  |
| the above-cap  | ptioned disciplinary proceedin   | ng, at which point it will be a public document and        |  |  |
| may be provi   | ded to Disciplinary Counsel.   | I understand that if the Board agrees to compensate        |  |  |
| my counsel,    | I have an affirmative duty to  | supplement this affidavit to reflect any changes in        |  |  |
| my financial   | circumstances during the pend  | dency of the above-captioned disciplinary proceeding.      |  |  |
| I understand   | that in any such supplement  | nt, I must certify under penalty of perjury that the       |  |  |
| supplement is  | s true and correct. I also un  | derstand that, pursuant to Board Rule 19.5(b)(iii),        |  |  |
| this affidavi  | t and the accompanying m   | otion may be submitted to Disciplinary Counsel if          |  |  |
| there is reaso | on to believe that I have made   | e a material false statement or omitted a material fact.   |  |  |
| I understand   | that the Board shall serve Disc  | ciplinary Counsel with a copy of the order deciding my     |  |  |
| motion.        |  |  |  |  |
| I certi        | fy under penalty of perjury that   | the forgoing is true and correct.                          |  |  |
|                |  |  |  |  |
|                |  | Signature of Applicant                                     |  |  |
|                |  | Address  |  |  |
|                |  |  |  |  |
|                |  | Telephone Number   |  |  |