

Attachment 6 - Motion for Appointment of Counsel

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
_____ DIVISION

(Name of plaintiff or plaintiffs)

Civil Action Number:

v.

(Case Number to be supplied
by the Intake Clerk)

(Name of defendant or defendants)

MOTION FOR APPOINTMENT OF COUNSEL

Comes now, _____, Plaintiff in the above-styled and numbered matter, and respectfully requests appointment of counsel as provided by in 42 U.S.C. §2000e-5(f)(1). In support thereof, Plaintiff will show the following:

I. That Plaintiff has made a diligent effort to employ counsel.

[] CONTACTED PRIVATE ATTORNEYS. (List all attorneys **who specialize in labor law, employment discrimination or civil rights** complaints you contacted and state why each would not represent you.)

[] CONTACTED LEGAL AID ASSOCIATION. (Texas Rio Grande Legal Aid Inc.: (888) 988-9996 (State when this association was contacted and why it could not assist you.)

[] CONTACTED LOCAL LAWYER REFERRAL SERVICE. (San Antonio Bar Association Lawyer Referral Service: (210) 227-1853). (List the lawyers to whom you were referred, the attorneys you contacted, and why they could not assist you.)

II. Please state your level of education:

- [] Did not graduate from high school. (Specify highest grade completed)_____
- [] G.E.D. (Date acquired)_____
- [] High School Graduate. (Year graduated) _____
- [] Some College. (Specify field of study)_____
- [] College Graduate. (Specify field of study) _____
- [] Graduate Level Education (Specify level and field of study)_____

III. Please state your employment for the last five years beginning with your most current employment:

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

IV. Plaintiff is financially unable to hire counsel for the reasons stated in the attached Application to Proceed In Forma Pauperis. **(Please complete the attached Application to Proceed In Forma Pauperis)**

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Date

Signature of Plaintiff