(Rev. 12/6/12)

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
_____ DIVISION

Oscar antonio Serrano Serrano Civil Action No. _____
Plaintiff

VS.

Judge _____

_____ Magistrate Judge _____
Defendant

MOTION FOR APPOINTMENT OF COUNSEL UNDER SECTION 706 (f) OF THE CIVIL RIGHTS ACT OF 1964

PART 1: EFFORTS TO OBTAIN COUNSEL

Declaring that the information I have given below is true and correct, I apply to the court for appointment of an 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: Homero Lopez (islas Organization)
When: September 2025
How (by telephone, in person, etc.): (By Telephone)
Why was this attorney not employed to handle your claim? He havent come to see me, He said He will come but never show

Attorney: Consumer law Group
When: May 2025
How (by telephone, in person, etc.): by Phone
Why was this attorney not employed to handle your claim? They dont do Habeas Corpus

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Attorney: _____

When: _____

How (by telephone, in person, etc.): _____

Why was this attorney not employed to handle your claim? _____

_____

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

_____

_____

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

I have tried to get Two attorneys already, one was free and the other one My sister paid 4500 dollars, The one that my sister paid couldn't do Habeas corpus and the free lawyer never came to see me to handle my case

D. Name and address of each attorney who has represented you in the last ten (10) years:

Homero lopez (islas Organization) 504-210-9649

Consumer law group (Fernando Ruiz (312-262-7394

_____

_____

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PART 2: FINANCIAL INFORMATION

(DO NOT COMPLETE THIS PART IF YOU HAVE ALREADY SUPPLIED THIS INFORMATION IN THE APPLICATION TO PROCEED *IN FORMA PAUPERIS*.)

1. Full Name Oscar Antonio Serrano Serrano

2. Address _____

(Street Address or P.O. Box)

_____

(City) (State) (Zip Code)

3. Marital Status: Single [✓] Married [ ] Separated [ ]
Divorced [ ] Widowed [ ]

4. Are you presently employed? Yes [ ] No [✓]

If the answer is "Yes," give your occupation, the name and address of your employer and the gross and net amount of your salary.

_____

(Occupation) (Gross Salary) (Net Salary)

_____

(Name and Address of Your Employer)

5. If you are not presently employed, state the date of your last employment, the name and address of your employer and your salary.

Medical Transporter (615)593-6943 (supervisor) 18 an hour

(Date Last Employed) (Salary)

_____

(Name and Address of Your Last Employer)

6. If you are married and if your spouse is employed, state his/her name, occupation, employer, address of employer and salary.

_____

(Name of Spouse) (Occupation) (Salary)

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7. Approximately how much money have you received in the past twelve months from the following sources:

as wages, salary, commissions or earned income of any kind? I have been incarcerated 6 and a half month $700 every two weeks after taxes

as workman's compensation or disability insurance? NO

as rent payments, interest, dividends? Rent 650$ a month I Pay. I Don't reciede.

as pensions, annuities or life insurance payments? NONE

from social security, unemployment compensation or welfare payments? NONE

as gifts or inheritance? NONE

from other sources? NO

8. How much money do you own or have in any checking or savings account?

NONE

9. Do you own or have any interest in any real estate, automobiles or other vehicles, boats, stocks, bonds, notes, or any other valuable property (excluding ordinary household furnishings and clothing)? Yes ☐ No ☒

If "Yes," give a description of the property and its estimated value.

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10. Is anyone dependent on you for support? Yes [X] No [ ]
If "Yes," give names, ages, relationship to you, and the amount you contribute toward their support.

Mother
Milagro Idalia Serrano de Gutierrez 67 Years old
$200 a month sometime $100 .To Help her with her medicines or Food.

11. List any debts you have and the amount owed.

Creditor	Amount Owed
None	None

12. List your monthly living expenses.

Rent 650$	work clothes 300$
Car Insurant 119$	
cell Phone 60$	
Food 320$	
Gas 70$ weekly	

Under penalty of perjury, I declare that the information given in this motion is true and correct.

Date: 10-16-2025

Bernard A[redacted]
(Signature)

17544 Tunica Trace (Camp 57) Angola LA 7[illegible]
(Street Address or P.O. Box)

Michael Rodriguez
(Witness)

(City, State, Zip Code)

(Witness)

(Area Code) (Telephone Number)