

JUVENILE AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

| | |
|--|--|
| The State of Texas vs. _____ | _____ County Court _____ District Court |
| Offense: | Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offense: | If yes, language required: _____ |
| Juvenile Currently Residing In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility | |

THIS PORTION TO BE COMPLETED BY JUVENILE'S PARENT OR GUARDIAN

Name _____ Date of Birth _____/_____/_____

First Name MI Last Name

Address _____

Street Apt No. City State Zip Code

Phone Numbers _____

Home Cell Work Family Member

I receive: Medicaid SSI SNAP TANF Public Housing

Are you Employed? Yes No If yes, where? _____ Type of Work _____

Number of Hours per Week: _____ How long have you worked at this job? _____

Marital Status : Single Married Divorced Widowed Separated

Name of Spouse _____

First MI Last

| Name of Dependent Child(ren) (0-18 yrs.) | Age | Name of Dependent Child(ren) (0-18 yrs.) | Age |
|---|-----|---|-----|
| | | | |
| | | | |

RESIDENCE INFORMATION

| | | | |
|-----------------|----------------|-------------------------------|---------------------|
| Rent: yes or no | Own: yes or no | Reside with family: yes or no | Homeless: yes or no |
|-----------------|----------------|-------------------------------|---------------------|

| MONTHLY INCOME AND ASSETS | | MONTHLY EXPENSES | |
|--|-----------|---|-----------|
| My take home pay | \$ | Rent/Mortgage | \$ |
| Spouse's take home pay | \$ | Utilities (Elec., Gas, Water) | \$ |
| Child Support (Received) | \$ | Total Child Expenses (Including Child Support Paid) | \$ |
| Food Stamps | \$ | Total Food Expenses | \$ |
| Social Security/Disability | \$ | Transportation Costs | \$ |
| Other Government Check | \$ | Cell/home phone | \$ |
| Other Income | \$ | Probation fees | \$ |
| Assets (car, house, etc.) | \$ | Medical Expenses / Health Insurance | \$ |
| TOTAL MONTHLY INCOME AND ASSETS | \$ | Minimum Monthly Credit Card Payment | \$ |
| | | TOTAL MONTHLY EXPENSES | \$ |

Parent or Guardian's Oath

On this _____ day of _____, 20____, I have been advised of my child's right to representation by counsel in connection with the charge pending against him/her. I certify that I am without means to employ counsel of my own choosing for my child, and I hereby request the court to appoint counsel for my child.

Parent or Guardian's Signature

Date

ONLY ONE SECTION BELOW TO BE COMPLETED.

Administered Oath

(Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this _____ day of _____, 20____.

Clerk/Notary Public Signature Date

Unsworn Declaration by Parent/Guardian

(Parent/Guardian ONLY)

My name is _____, my date of birth is _____.
(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)

Juvenile Currently Meets Eligibility Requirements?

YES

NO

Date _____

ORDER APPOINTING COUNSEL

_____ is appointed to represent juvenile _____ on
the following charge(s): _____

_____.

Approved: _____

Date: _____

Appointing Authority

Attorney's Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Juvenile's Location

Released

In Detention

Address: _____

County _____

City, State, Zip: _____

Telephone Number: _____

Facility _____