

JUVENILE INTAKE FORM

PID# _____ JV# _____

Juvenile Name: _____

DOB: _____

Alleged Offense: _____

Level of Offense: _____

Bilingual Attorney Requested Yes No

Child in Detention? Yes No

Language: _____

Juvenile lives with: Parents Mother Father Legal Guardian Other Adult Person Foster Care

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

I intend to retain counsel for the juvenile.

I have completed the attached financial affidavit to see if the juvenile qualifies for appointed counsel.

If I do not qualify pursuant to this document, I request a hearing before the judge to present evidence of my inability to hire a lawyer to represent my child.

On this _____ day of _____, 20____, I have been advised that my child must be represented by an attorney pursuant to Sec. 51.10 of the Texas Family Code. I have been informed that I may have an attorney appointed to represent my child if I qualify as indigent under Juvenile Board guidelines. I further understand that if I do not qualify as indigent, then I am responsible for hiring an attorney to represent my child.

I understand that this affidavit is being made under oath, and that it will become part of an official proceeding, and that it is a criminal offense for me to make any false statement in this affidavit and financial statement/questionnaire. By my signature below, I swear that the information I have provided in this application is accurate, true and correct and I will immediately notify the court of any changes in my financial situation. I am unable to hire an attorney and request that an attorney be appointed to represent my child.

SIGNATURE

PRINTED NAME

Address:

Home Phone:

Work Phone:

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 AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs. _____	_____ County Court at Law _____ 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 THE JUVENILE'S PARENT OR GUARDIAN – THE INFORMATION TO DETERMINE INDIGENCE SHALL BE THE JUVENILE'S PARENT OR GUARDIANS INCOME/EXPENSES

Name _____ Date of Birth ____/____/____
 (Parent/Guardian) 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
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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	\$