

| JUVENILE AFFIDAVIT OF INDIGENCE  |                           |                                  |                   |                  |
|--|---------------------------|----------------------------------|-------------------|------------------|
| THIS PORTION TO BE COL   | MPLETED BY                | OFFICE PERSO.                    | NNEL ONLY         |                  |
| IN THE MATTER OF   |                           | County Court At Law #3           |                   |                  |
|  |                           | Cause Number                     |                   |                  |
|  |                           |                                  |                   |                  |
| Offense:   | Interpret                 | Interpreter required? ☐ Yes ☐ No |                   |                  |
|  |                           | nguage required:                 |                   |                  |
| Offense:   |                           |                                  |                   |                  |
| Offense:   | .1 — 3.6                  | 1 . 1 . 1 . 1                    | *1**              |                  |
| Juvenile Currently Residing In:  Correctional Fac  |                           |                                  |                   |                  |
| THIS PORTION TO BE COMPLET   | TED BY JUVE               | ENILE'S PARENT                   | OR GUARDIAN       |                  |
| Name   | Last Name                 |                                  | Date of Birth     |                  |
|  |                           |                                  |                   |                  |
| Address Apt No.  |                           | City                             | State             | Zip Code         |
| Phone Numbers  |                           |                                  |                   |                  |
| Home   | Cell                      | Work                             | Fami              | ly Member        |
| Marital Status : □ Single □ Married □  | Divorced                  | $\square$ Widowed                | ☐ Separated       |                  |
| Spouses Name: First Name MI  | Last Name                 |                                  | Date of Birth     |                  |
| That valle M   | Last Name                 |                                  |                   |                  |
| GOLINI   | 23134F234F A GG           | rom A NOD                        |                   |                  |
| Do you or anyone in your household receive any of the  | RNMENT ASSI<br>following? | ISTANCE                          |                   |                  |
|  |                           |                                  |                   |                  |
| Food StampsMedicaidSupplemental Secur  | rity Income               | _Public Housing _                | Bell County India | gent Health Care |
|  |                           |                                  |                   |                  |
| EMPLOYMENT INFORMATION   |                           |                                  |                   |                  |
| DAI IO   |                           |                                  |                   |                  |
| Are you employed? If so, Where?  |                           |                                  |                   |                  |
| New board Wards Wa |                           |                                  |                   |                  |
| Number of Hours worked per Week: How long have you had this job?   |                           |                                  |                   |                  |
| Is your Spouse employed? If so, Where?   |                           |                                  |                   |                  |
| Number of hours worked per Week: How long have they had this job?  |                           |                                  |                   |                  |
| now long have they had this job?   |                           |                                  |                   |                  |
| Other Employment or Jobs? If so, Where?  |                           |                                  |                   |                  |
| V-u -u -  |                           |                                  |                   |                  |
| You or your Spouse?  |                           |                                  |                   |                  |
| Number of hours worked per Week: How long have you or they had this job?   |                           |                                  |                   |                  |
|  |                           |                                  |                   |                  |
|  |                           |                                  |                   |                  |



|                                       | DEPENDANTS |                                |  |     |  |  |
|---------------------------------------|------------|--------------------------------|--|-----|--|--|
| FIRST, LAST & MI                      |            |                                |  |     |  |  |
| Name and Relation of Dependent Age    |            | Name and Relation of Dependent | dent                                   | Age |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       | ADDITION   | L<br>AL FINA                   | NCIAL HARDSHIPS                        |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
|                                       |            |                                |  |     |  |  |
| HOUSEHOLD INCOME, ASSETS AND EXPENSES |            |                                |  |     |  |  |
| MONTHLY INCOME AND ASSETS             |            | MONTHLY EXPENSES               |  |     |  |  |
| My take-home pay                      | \$         |                                | Rent/Mortgage                          | \$  |  |  |
| Spouse's take-home pay                | \$         |                                | Utilities (Elec., Gas, Water)          | \$  |  |  |
| Child Support (Received)              | \$         |                                | Child Support Paid                     | \$  |  |  |
| Bank Checking Accounts                | \$         |                                | Total Food Expenses                    | \$  |  |  |
| Savings Accounts                      | \$         |                                | Car payments                           |     |  |  |
| Retirement                            | \$         |                                | Transportation Costs                   | \$  |  |  |
| Social Security/Disability            | \$         |                                | Cell/home phone                        | \$  |  |  |
| 2 <sup>nd</sup> Vehicle (Value)       | \$         |                                | Probation fees                         | \$  |  |  |
| 3 <sup>rd</sup> Vehicle (Value)       | \$         |                                | Medical Expenses / Health Insurance    | \$  |  |  |
| 2 <sup>nd</sup> Home (Value)          | \$         |                                | Credit Cards                           | \$  |  |  |
| Investment Accounts                   | \$         |                                | Minimum Monthly Credit Card<br>Payment | \$  |  |  |
| Recreational Vehicles (Value)         |            |                                | Cable/Internet                         |     |  |  |
|                                       |            |                                |  |     |  |  |
| TOTAL MONTHLY INCOME                  | \$         |                                |  |     |  |  |
| TOTAL QUALIFIED ASSETS                | \$         |                                | TOTAL MONTHLY EXPENSES                 | \$  |  |  |



#### OTHER PARENT/GUARDIAN INFORMATION

| OTHER I ARENI/OUARDIAN IN ORMATION                        |                             |  |  |  |
|---|-----------------------------|--|--|--|
|   |                             |  |  |  |
| Name of OTHER PARENT/GUARDIAN                             |                             |  |  |  |
| Address   |                             |  |  |  |
| Phone NumbersCellHome                                     | Work                        |  |  |  |
| Are they employed? If so, Where?                          |                             |  |  |  |
| Number of Hours worked per Week: How long have they have  | d this job?                 |  |  |  |
| Marital Status Single Married Divorced Widowed Divorced   |                             |  |  |  |
| *Note   |                             |  |  |  |
| If the other Spouse/Guardian is living outside of the hou | sehold a separate financial |  |  |  |
| statement will need to be completed if possible.          |                             |  |  |  |
| • •   |                             |  |  |  |
|   |                             |  |  |  |
|   |                             |  |  |  |
|   |                             |  |  |  |
|   |                             |  |  |  |



| 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  |  |  |  |
| State of Texas County of BELL  |   |  |  |  |
| Before me, a notary public, on this day personally appear<br>to me to be the person whose name is subscribed to the f<br>declared that the statements therein contained are true an  | foregoing document and, being by me first duly sworn, |  |  |  |
| (Personalized Seal)  | Notary Public's Signature                             |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |