

JUVENILE'S APPLICATION FOR COURT-APPOINTED ATTORNEY

To determine eligibility for Court Appointed attorney, you **MUST** complete this form.
EVERY BLANK MUST BE FILLED IN WITH INFORMATION OR "N/A" OR "NONE."

[I] [We], _____ and _____, [am] [are] the Parent/Guardian(s) of the below-named Juvenile, and [I] [we] request the Court appoint an attorney to represent [my] [our] child because [I am] [we are] not financially able to employ an attorney. In support of this application, the following information is submitted with the understanding that any false information given may subject [me] [us] to prosecution for perjury.

Do both parents of Juvenile live in the same household: _____ YES _____ NO (If YES, complete one form, and provide combined financial information. If NO, each parent must complete a separate application.)

Juvenile's Full Legal Name: _____ DOB: _____ Social Security #: _____
 Address: _____ Phone: _____ Driver's License #: _____ State: _____
 Alleged Delinquent Conduct: _____ () Felony () Misdemeanor ()
 CINS
 My Child was/is in Detention at: _____ Dates: _____

Mother/Guardian's Full Legal Name: _____ Phone #: _____
 Address: _____
 DOB: _____ Social Security #: _____ Driver's License #: _____ State: _____

Father/Guardian's Full Legal Name: _____ Phone #: _____
 Address: _____
 DOB: _____ Social Security #: _____ Driver's License #: _____ State: _____

Size of Family Unit: Members of immediate family that you support financially, including child support [if you are actually paying it] (List names, ages and relationships). **Applies to** (circle one): (Mother/Guardian) (Father/Guardian) (Mother and Father-One household)

Name:	Age:	Relationship:

MOTHER/GUARDIAN'S EMPLOYMENT INFORMATION

Are you employed? _____ YES _____ NO If "YES", how long? _____ Years _____ Months. If "No", date last worked: _____
 Job title, position or type of work: _____
 Employer's Name (Current or Last): _____ Supervisor's Name: _____
 Employer's Address: _____ Phone: _____

FATHER/GUARDIAN'S EMPLOYMENT INFORMATION

Are you employed? _____ YES _____ NO If "YES", how long? _____ Years _____ Months. If "No", date last worked: _____
 Job title, position or type of work: _____
 Employer's Name (Current or Last): _____ Supervisor's Name: _____
 Employer's Address: _____ Phone: _____

FINANCIAL INFORMATION

Applies to (Circle one): (Mother/Guardian) (Father/Guardian) (Combined-One Household)

Net Asset Values (Answer all questions or enter a "0", where applicable. Do not leave blanks or use "N/A" or "None."
NOTE: these questions require you to answer as to property you own, anything held in trust or anything someone is holding for you.

Do you have any cash <u>anywhere</u> ? _____ YES _____ NO	How much \$ _____
Do you have any money in accounts of any kind (Checking, Savings, CD, etc.)? _____ YES _____ NO	How much \$ _____
Do you have any rental property, stocks, bonds or other income producing property of any kind? _____ YES _____ NO	
(FMV=Fair Market Value)	
Real Estate owned (other than listed above):	FMV _____ Owe \$ _____ Net \$ _____
All vehicles, boats, motorcycles, trucks, etc.	FMV _____ Owe \$ _____ Net \$ _____
All other property (guns, coins, furniture, other):	FMV _____ Owe \$ _____ Net \$ _____

TOTAL NET \$

Public Assistance: Do you receive, or are you supported by someone who is currently receiving (check all that apply):

Food Stamps Temporary Assistance to Needy Families Public Housing Medicaid Supplemental Security Income Worker's Comp Unemployment

GROSS Monthly Income (Use 12 month average if needed)

FOR MAGISTRATE'S USE ONLY

Table with columns for income sources (Your salary, Spouse, SSI/SSDI, AFDC, Social Security Check, Other Government Check, Child Support, Other income) and eligibility determination (Number of Persons in Household, Total Monthly gross Income, Amount from table below, Qualifies if monthly income for the household size is LESS THAN the table amount).

MONTHLY EXPENSES NOT NEEDED IF JUVENILE QUALIFIES BASED ON CRITERIA

Table with columns for Necessary Monthly Living Expenses (Rent/Mortgage, Utilities, Transportation, Clothes/Food, Day Care/Child Care, Medical Expenses, Credit Cards, Loan Payments, Court-Ordered Payments, Child Support, TOTAL NECESSARY MONTHLY EXPENSES), Amount (Monthly), Court Use, Size of Family Unit, and percentages (125%, Mo. @ 125%, 175%, Mo. @ 175%).

LIST EACH ATTORNEY YOU CONTACTED ABOUT YOUR SITUATION, DATE CONTACTED AND RESULT:

Table with columns for Attorney's Name, Date, and Results about hiring.

IMPORTANT NOTICE: Incomplete Applications will be denied

SWORN AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, who, on her oath, stated to me that the information and facts set out in the above-foregoing juvenile's Application for Appointment of Attorney are true and correct.

Juvenile's Mother/Guardian

Sworn and subscribed to before me on _____, 200__, to certify which witness my hand and seal of office.

SWORN AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, who, on his oath, stated to me that the information and facts set out in the above-foregoing juvenile's Application for Appointment of Attorney are true and correct.

Juvenile's Father/Guardian

Sworn and subscribed to before me on _____, 200__, to certify which witness my hand and seal of office.