

Cause No. \_\_\_\_\_

**JUVENILE AFFIDAVIT OF INDIGENCE**

In the Matter of

In the 417<sup>th</sup> District Court

\_\_\_\_\_  
Minor Child Name

of Collin County, Texas

***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 \_\_\_\_\_ Marital Status: Single Married Separated Divorced  
 (Circle one)

Relationship to Juvenile:  Mother  Father  Legal Guardian  Adult Relative  Other \_\_\_\_\_

My dependents and/or I receive:  Medicaid  SSI/SSDI  Food Stamps/SNAP  TANF  Public Housing  CCIHP

**EMPLOYMENT – Biological/Adoptive Mother (Do Not Include Stepparent)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you Employed?  Yes - Place of Employment: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ OR Salary: \$ \_\_\_\_\_ Weekly/Monthly/Annually

No - How long have you been unemployed? \_\_\_\_\_ Weeks/Months/Years (Circle One)

**EMPLOYMENT – Biological/Adoptive Father (Do Not Include Stepparent)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you Employed?  Yes - Place of Employment: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ OR Salary: \$ \_\_\_\_\_ Weekly/Monthly/Annually

No - How long have you been unemployed? \_\_\_\_\_ Weeks/Months/Years (Circle One)

**DEPENDENTS**

Name of Dependents (Include children 0-17 yrs.)	Age	Name of Dependents (Include children 0-17 yrs.)	Age

**RESIDENCE INFORMATION**

Rent or Own	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	\$

Cause No. \_\_\_\_\_

Other Government Check Please Describe:	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	\$	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$

**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

**REPAYMENT AGREEMENT**

I agree that if the Judge does appoint an attorney for the juvenile, that I will repay the County if I can be allowed to make the payments in installments of \$\_\_\_\_\_ per week/every two weeks/bi-monthly. (If unable to pay anything, put zero). I will be able to make payments to the Juvenile Probation Office starting on \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Biological/Adoptive Mother or Guardian

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Guardian

I swear under oath that all the information I have given in this application is complete, true, and accurate. I understand that if I give any false information I could be prosecuted for making a false statement, defrauding the government or obtaining a benefit under false pretenses.

X \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED.**

**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 County

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

Executed in Collin County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_.

Day Month Year

**PLEASE DO NOT WRITE IN THIS SECTION - FOR STAFF USE ONLY**

**DETERMINATION BASED ON:**

TWC: \_\_\_\_\_  Gross: \_\_\_\_\_  Net: \_\_\_\_\_

Family Size: \_\_\_\_\_ FS MC SSI/SSDI TANF CCIHP PH

Other: \_\_\_\_\_

**Meets Eligibility Requirements?**

YES NO

FPL: \_\_\_\_\_ %

Date: \_\_\_\_\_

Clerk's Initials: \_\_\_\_\_