**CHILD’S INFORMATION CAUSE NO.**

Name: Date of Birth:

Address: Telephone:

Is child support received/paid for this child? ⁯ Yes ⁯ No If YES, list amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child receive SSI? ⁯ Yes ⁯ No If YES, list amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child employed? ⁯ Yes ⁯ No If YES, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List child’s net income from employment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child attends: PUBLIC, PRIVATE, or HOME school? Explain any expenses. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child participate in extracurricular activities? ⁯ Yes ⁯ No If YES, list activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT OF INDIGENCE**

Before me, the undersigned authority, on this day personally appeared the Parent, Guardian, or Custodian of the Respondent in the above cause, who being by me duly sworn an oath states as follows: On this day, I have been advised by the above-named court of Respondent’s right to representation by counsel in the trial of the charge pending against Respondent. I am indigent and financially unable to employ counsel for Respondent. I hereby request the Court to appoint counsel for Respondent. I swear that the information contained below and the responses to questions are true and correct:

**PERSONAL INFORMATION EMPLOYER INFORMATION**

Name: Employer:

Phone: Phone:

Address: Address:

City, St, Zip: City, St, Zip:

**Dependants:** Hours worked:

Name(s): Pay Rate:

Age(s): Spouse’s Employer:

Relation: Pay Rate:

**MONTHLY INCOME MONTHLY EXPENSES**

Take Home Pay: Rent/Mortgage Payment:

Spouse’s Take Home Pay: Car Payment:

Investment Income: Insurance (life, health, auto, home):

Unemployment: Child Care:

Pension Payments: Child Support:

Social Security: Utilities:

Child Support: Telephone:

Public Assistance: Food:

TANF: Clothes:

Medicaid: Medical:

Public Housing: Cable TV or Satellite TV:

Food Stamps: Pager/Cell phone:

Cash Gifts: Outstanding loans:

Child’s income: Credit Card Debt:

Other income: Other expenses:

**TOTAL MONTHLY INCOME TOTAL MONTHLY EXPENSES**

Do you have any cash on hand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much money do you have in savings or checking accounts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than your home, list valuable, real, or personal property that is not subject to loans, liens or debt? ⁪ Yes ⁪ No

List the property owned and its value:

Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own any automobiles? ⁪ Yes ⁪ No

If yes, please list:

Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the child primarily reside?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently married to or living with someone other than the child’s biological parent? ⁪ Yes ⁪ No

If so, list name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the other biological parent have contact with the child? ⁪ Yes ⁪ No

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any other financial obligations or hardships that have not been addressed in the above information, please document. Be specific.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. I understand that providing false, inaccurate or misleading information can be considered a criminal offense.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Translator (if applicable) Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presiding Judge/Clerk of the Court/Notary Public