Addendum A

CAUSE NO.

|  |  |  |
| --- | --- | --- |
| **IN THE MATTER OF** | **§** | **IN THE COUNTY COURT** |
|  | **§** | **AT LAW NO. () OF** |
|  | **§** |  |
| **A CHILD** | **§** | **FORT BEND COUNTY, TEXAS** |
|  |  | **SITTING AS A JUVENILE COURT** |

# FINANCIAL REPORT ON PARENTS’ ABILITY TO HIRE

# AN ATTORNEY TO REPRESENT A JUVENILE RESPONDENT

# AND THE JUVENILE IS NOT REPRESENTED BY COUNSEL

 If the juvenile is not represented by an attorney, the Juvenile Probation Officer in charge of the case shall complete this form and file with the Juvenile Judge as follows:

Name of attorney who has previously represented the child (if any):

**Previous Attorney**:

**(Check One)**

[ ]  **Child in Detention**. The form shall be presented to the Juvenile Judge by 10:00 a.m. of the day the initial detention hearing is held.

 **Child not in Detention**. The form shall be presented to the Juvenile Judge within ten (10) working days a petition is filed.

**2.** **List the names of person(s) who provided information and relationship to the juvenile:**

 **NAME RELATIONSHIP**

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |
|       |       |

 **Primary language spoken: English/Spanish/Other** **3. Information about the Juvenile:**

A. Name:

Date of Birth:

Home Address:

Telephone Number: (   )     -

1. Name of person(s) child resides with:

 **NAME RELATIONSHIP**

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |
|       |       |

C. Offense(s) alleged: Criminal Trespass; Evading

D. Possible type of hearing for the case based upon probable cause statement: (Check one)

[ ]  CINS or Delinquent Conduct - T.J.J.D. not possible

 Delinquent Conduct with indeterminate sentence - T.J.J.D. possible

[ ]  Determinate Sentence

[ ]  Certification

[ ]  Mental Competency

**4. Information About Parents**

1. Check One

[ ]  Parents together

[ ]  Parents separated

[ ]  Parents divorced

[ ]  Other; explain:

1. Name of Father:

Telephone Number(s): Home: (   )     -

Work: (   )     -

Residence:

Place of Employment:

Occupation:

Approximate Monthly Salary: $

Receiving any form of Governmental Financial Assistance:

[ ]  Yes

[ ]  No

1. Name of Mother:

Telephone Number(s): Home: (   )     -

Work: (   )     -

Residence:

Place of Employment:

Occupation:

Approximate Monthly Salary: $

Receiving any form of Governmental Financial Assistance:

[ ]  Yes

[ ]  No

1. List income received per month from the following:

**MOTHER FATHER**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Child Support | $       | $       |
| 2 | Welfare (Food Stamps) | $       | $       |
| 3 | Worker’s Compensation | $       | $       |
| 4 | Unemployment | $       | $       |
| 5 | Disability | $       | $       |
| 6 | Retirement | $       | $       |
| 7 | Other Sources of Income | $       | $       |
| **Total Income (add lines 1 – 7)** | **$** | **$** |

1. Monthly expenses owed by parent(s):

**MOTHER FATHER**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Rent/Mortgage | $       | $       |
| 2 | Car Payment | $       | $       |
| 3 | Car Insurance | $       | $       |
| 4 | Gas Expenses | $       | $       |
| 5 | Utilities | $       | $       |
| 6 | Insurance (Health/Home) | $       | $       |
| 7 | Child Support/Child Care | $       | $       |
| 8 | Legal Expenses | $       | $       |
| 9 | Other (credit cards, loans, etc.): | $       | $       |
|       | $       | $       |
|       | $       | $       |
|       | $       | $       |
|       | $       | $       |
| **Total Expenses (add lines 1 – 9)** | **$** | **$** |

1. List assets of the parent(s):
2. Real Property owned by parent(s), give property description and fair market value:

**DESCRIPTION VALUE**

|  |  |  |
| --- | --- | --- |
| a |       | $       |
| b |       | $       |

1. Stocks and bonds owned by the parent(s), give description and fair market value:

**DESCRIPTION VALUE**

|  |  |  |
| --- | --- | --- |
| a |       | $       |
| b |       | $       |

1. Automobile(s) owned by parent(s), give year, make, model and fair market value:

**DESCRIPTION VALUE**

|  |  |  |
| --- | --- | --- |
| a |       | $       |
| b |       | $       |
| c |       | $       |
| d |       | $       |

1. Amount in checking and savings accounts:

|  |  |  |
| --- | --- | --- |
| a | Checking Account | $       |
| b | Savings Account | $       |

 **Total Assets (add 1 thru 4) $**

 This form was completed on this the \_\_\_ day of\_\_\_\_, 20**13**, by the undersigned Juvenile Probation Officer of Fort Bend County Juvenile Probation Department from information reviewed from the above named person(s).

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

 Juvenile Probation Officer

 I have read the above and foregoing and the information contained therein is true and correct.

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

 Father (signature)

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

 Father (print name)

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

 Mother (signature)

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

 Mother (print name)

**THE STATE OF TEXAS §**

 **§**

**COUNTY OF FORT BEND §**

 **BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person whose name is subscribed in the foregoing and having been duly sworn, stated on oath that the foregoing is true and correct.

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

 Notary Public in and for

 The State of Texas

**THE STATE OF TEXAS §**

 **§**

**COUNTY OF FORT BEND §**

 **BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person whose name is subscribed in the foregoing and having been duly sworn, stated on oath that the foregoing is true and correct.

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

 Notary Public in and for

 The State of Texas

CAUSE NO. \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **IN THE MATTER OF** | **§** | **IN THE COUNTY COURT** |
|  | **§** | **AT LAW NO. (X) OF** |
|  | **§** |  |
| **A CHILD** | **§** | **FORT BEND COUNTY, TEXAS** |
|  |  | **SITTING AS A JUVENILE COURT** |

**ORDER OF APPOINTMENT OF COUNSEL**

 On this the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_ it appears to the court that the affiant named herein is indigent and unable to employ counsel for the representation of the above named child.

 **IT IS THEREFORE ORDERED** that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a duly licensed attorney, be and is hereby appointed as attorney to represent the child in this cause.

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

 **JUDGE PRESIDING**