

## **Financial Affidavit for Court-Appointed Attorney**

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To whom it may concern:

Pursuant to §51.10 of the Texas Family Code, every juvenile has the right to the assistance of an attorney at every stage of the juvenile court proceedings. Attached to this documentation is a **Financial Affidavit to Determine Indigent Status** required before the appointment of an attorney by the Court can take place. If all criteria are met and it is determined that you qualify, an attorney will be appointed by the Court immediately. If you do not qualify, you must retain your own attorney.

Failure to **COMPLETELY** fill out the attached affidavit and return it to the Court within forty-eight (48) hours of receipt may impede your right to a court-appointed attorney and may result in ineligibility for a reset at your next hearing.

CASE NO. \_\_\_\_\_

IN THE MATTER OF:

IN \_\_\_\_\_ COURT

\_\_\_\_\_

A CHILD

OF GALVESTON COUNTY, TEXAS  
SITTING AS JUVENILE COURT

**FINANCIAL STATEMENT**

Before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ and my relationship to this child is \_\_\_\_\_.

I am wholly destitute of means to provide counsel to represent the child in this case as evidenced by my answers to the following financial information. I hereby request the Judge of this court to appoint counsel to represent the child in this cause.

(CHECK ONE) MARITAL STATUS: \_\_\_\_\_ Single \_\_\_\_\_ Married/Common-law

Father: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

City: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Monthly Earnings: \_\_\_\_\_

Bring Home Pay: \_\_\_\_\_

Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Step-father: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

City: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Monthly Earnings: \_\_\_\_\_  
Bring Home Pay: \_\_\_\_\_  
Phone \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Mother: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

City: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Monthly Earnings: \_\_\_\_\_

Bring Home Pay: \_\_\_\_\_

Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Step-mother: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

City: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Monthly Earnings: \_\_\_\_\_  
Bring Home Pay: \_\_\_\_\_  
Phone \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Monthly Earnings: \_\_\_\_\_  
Bring Home Pay: \_\_\_\_\_

**OTHER INCOME CONTRIBUTING TO YOUR MONTHLY EXPENSES:**

Amount: \_\_\_\_\_

Source: \_\_\_\_\_

**SOURCES OF INCOME**

Do you own any of the following:

AFDC \$ \_\_\_\_\_

PROPERTY \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

STOCKS \$ \_\_\_\_\_

FOOD  
STAMPS \$ \_\_\_\_\_

SAVINGS  
ACCOUNT \$ \_\_\_\_\_

UNEMPLOYMENT \$ \_\_\_\_\_

CHECKING  
ACCOUNT \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

CREDIT UNION \$ \_\_\_\_\_

CHILD SUPPORT \$ \_\_\_\_\_

JEWELRY \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

DO YOU OWN ANY MOTOR VEHICLE? \_\_\_\_\_ YES \_\_\_\_\_ NO

MAKE, MODEL & YEAR \_\_\_\_\_

LIEN HOLDER ON VEHICLE, IF ANY \_\_\_\_\_

AMOUNT OWED \_\_\_\_\_ MONTHLY NOTE \_\_\_\_\_

**MONTHLY EXPENSES**

Rent Payments \$ \_\_\_\_\_

Subsidized Housing Pymt \$ \_\_\_\_\_

Mortgage Note \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

**UTILITIES:**

Electricity \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Gas/Water \$ \_\_\_\_\_

**INSURANCE PREMIUMS:**

Health \$ \_\_\_\_\_

Automobile \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Homeowners/Renters \$ \_\_\_\_\_

Is Homeowners insurance included in Mortgage Payment? \_\_\_\_\_

School Lunches \$ \_\_\_\_\_ (Put FREE if receiving free lunches)

Childcare/Tuition \$ \_\_\_\_\_ School Supplies \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

**NUMBER OF DEPENDENTS: \_\_\_\_\_ (INCLUDING YOURSELF)**

List Name, Relationship & Age of all adults & children who live in the home:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

DO ANY OF THE ABOVE DEPENDENTS EARN AN INCOME? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT SUM IS CONTRIBUTED TO YOUR MONTHLY EXPENSES \$ \_\_\_\_\_

By signing this document I understand that I may be responsible for reimbursing the County of Galveston for any attorney fees incurred on this case.

I, DO ON OATH SWEAR/ATTEST THAT THE INFORMATION PROVIDED IN THIS FINANCIAL STATEMENT IS ALL TRUE AND CORRECT.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
PARENT/GUARDIAN

Subscribed and Sworn to before me, the undersigned authority, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

JOHN D. KINARD  
DISTRICT CLERK  
GALVESTON COUNTY, TEXAS

BY: \_\_\_\_\_  
DEPUTY CLERK