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| ***This portion to be completed by Office Personnel only*****JUVENILE AFFIDAVIT OF INDIGENCE** |

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| The State of Texasvs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_County Court\_\_\_\_\_\_\_\_\_\_\_District Court |
| Offense: | Interpreter required? [ ]  **Yes** [ ]  **No** If yes, language required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Offense: |
| Juvenile Currently Residing In: [ ]  Correctional Facility[ ]  Mental Health Facility |

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| ***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 Work Family Member** |
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| **I receive:** [ ]  **Medicaid** [ ]  **SSI** [ ]  **SNAP** [ ]  **TANF** [ ]  **Public Housing** |

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| **Are you Employed?** [ ]  **Yes** [ ]  **No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Number of Hours per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Marital Status :** [ ]  **Single** [ ]  **Married** [ ]  **Divorced** [ ]  **Widowed** [ ]  **Separated** |
| **Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **First MI Last**  |
|  |
| **Name of Dependent Child(ren)****(0-18 yrs.)** | **Age** | **Name of Dependent Child(ren)****(0-18 yrs.)** | **Age** |
|  |  |  |  |
|  |  |  |  |
| **RESIDENCE INFORMATION** |
| **Rent: yes or no**  | **Own: yes or no**  | **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** | **$** | **Transportation Costs** | **$** |
| **Other Government Check** | **$** | **Cell/home phone** | **$** |
| **Other Income** | **$** | **Probation fees** | **$** |
| **Assets (car, house, etc.)** | **$** | **Medical Expenses / Health Insurance** | **$** |
| **TOTAL MONTHLY INCOME** **AND ASSETS** | **$** | **Minimum Monthly Credit Card Payment** | **$** |
|  |  | **TOTAL MONTHLY EXPENSES** | **$** |

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| **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 |
|  |
| ONLY **ONE SECTION** BELOW TO BE COMPLETED.  |
| **Administered Oath**(Clerk/Notary ONLY) |
| SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** **Clerk/Notary Public Signature Date**  |
| **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) (Country)I declare under penalty of perjury that the foregoing is true and correct.Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_. (Month) (Year) |

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| **Juvenile Currently Meets Eligibility Requirements?** |
| [ ]  **YES** | [ ]  **NO** |
| **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is appointed to represent juvenile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the following charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 **Appointing Authority**

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| **Attorney’s Information**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Juvenile’s Location** |
| [ ]  **Released** Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  **In Detention**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |