

Qualifies for C/A Attorney: YES NO

Offense Level: _____

**HARRIS COUNTY JUVENILE PROBATION DEPARTMENT
FINANCIAL STATEMENT**

YOUTH'S NAME: _____ Juv.# _____

COURT: _____ PETITION # _____ PENDING COURT DATE: _____

WHO IS FINANCIALLY RESPONSIBLE FOR YOUTH (Whom does the youth live with)? BOTH PARENTS

FATHER MOTHER GRANDPNT(S) OTHER: _____

TDFPS/(OUT OF WHICH COUNTY?) _____ PMC TMC

FAMILY TO RETAIN ATTORNEY (name): _____

RESPONSIBLE PARENT(S)/GUARDIAN(S) - (if youth lives in a two parent/guardian household, both member's information must be listed / step-parent and/or live ins should be listed as well.)

1. NAME: _____ RELATION TO YOUTH: _____

ADDRESS: _____ Phone: _____

PLACE OF EMPLOYMENT: _____ ANNUAL INCOME: _____

2. NAME: _____ RELATION TO YOUTH: _____

ADDRESS: _____ Phone: _____

PLACE OF EMPLOYMENT: _____ ANNUAL INCOME: _____

OTHER KNOWN PARENT/GUARDIAN (IF APPLICABLE):

3. NAME: _____ RELATION TO YOUTH: _____

ADDRESS: _____ Phone: _____

PLACE OF EMPLOYMENT: _____ ANNUAL INCOME: _____

Is the family receiving - SSI: _____/mo. Food Stamps: _____/mo. Child Support: _____/mo.

Other- _____: _____/mo. Is youth covered by Medicaid? YES NO

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TOTAL ANNUAL INCOME: _____ NUMBER IN HOUSEHOLD: _____

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Additional comments: _____

Signature of responsible party: _____

Under penalties of perjury I certify that the above information is true and correct to the best of my knowledge and that it is a full and accurate disclosure of all sources of income and expenses. I further understand that I may be required to supply additional documentation to verify any of the above information.

Juvenile Probation Officer: _____ Date: _____

Supervisor approval: _____