

Name of the Child's Parent(s) or Other Person Responsible for the Welfare of the Child:

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

D.O.B. \_\_\_\_\_ Cause # \_\_\_\_\_ Special Needs: \_\_\_\_\_

Booking # \_\_\_\_\_

**Affidavit of Indigence**

To determine eligibility for Court Appointed Attorney, you must complete this form.

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Monthly Income		Necessary Monthly Living Expenses		Non-exempt Assets	
Your Salary		Rent / Mortgage:		Cash on hand	
Spouse's Salary		Transportation: Make:                      Model: Year:		Value of Stocks and Bonds	
SSI/SSDI		Car Payment		Amount in Savings Account	
AFDC		Car Insurance			
Social Security Check		Utilities (gas, electric, etc.)			
Child Support		Clothes/Food			
Other Government Check		Day Care / Child Care			
Other Income		Health Insurance			
		Medical Expenses			
		Credit Cards			
		Court-Ordered Monies			
		Child Support			
<b>TOTAL INCOME:</b>		<b>TOTAL NECESSARY EXPENSES:</b>		<b>TOTAL ASSETS:</b>	

**STAFF USE ONLY:**

**Comments:**

\_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_

**Child Meets Eligibility Requirements**

**Total Monthly Expenses:** - \_\_\_\_\_

**Difference (net income):** = \_\_\_\_\_

\_\_\_ YES \_\_\_ NO \_\_\_ UNDETERMINED

*I have been advised of the child's right to representation by counsel in the trial of the pending matters. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for the child. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation.*

**\*All information is subject to verification. Falsification of information is a criminal offense.**

\_\_\_\_\_  
Signature of Person Responsible for the Welfare of the Child

\_\_\_\_\_  
Date