

JUVENILE AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs. _____	27 th Judicial District Court
Offense:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense:	If yes, language required: _____
Juvenile Currently Residing In: <input type="checkbox"/> Detention Center/Correctional Facility <input type="checkbox"/> Mental Health Facility	

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

I/spouse/children residing in household receive:
 Medicaid SSI SNAP/Food Stamps TANF Public Housing

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
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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	\$

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 swear or affirm that I cannot afford to hire an attorney to represent my child, and I hereby request the court to appoint an attorney for my child. I further swear or affirm the information provided above is true and correct.

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)

Parent's/guardian's Signature: _____

Juvenile Currently Meets Eligibility Requirements?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date _____	

ORDER APPOINTING COUNSEL

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

_____.

Approved: _____ Date: _____
Appointing Authority

Attorney's Information
Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Juvenile's Location	
<input type="checkbox"/> Released Address: _____ City, State, Zip: _____ Telephone Number: _____ Email: _____	<input type="checkbox"/> In Detention County _____ Facility _____