

**REQUEST FOR APPOINTMENT OF COUNSEL AND DETERMINATION OF INDIGENCE**

**NAME OF JUVENILE:** \_\_\_\_\_ **CAUSE #** \_\_\_\_\_

**PARENT/ GUARDIAN NAME:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **YOUR CITIZENSHIP** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ Do you \_\_\_\_\_ own \_\_\_\_\_ rent, how long at current

Address \_\_\_\_\_ Live with \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**CELL #** \_\_\_\_\_ Martial Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Seperated \_\_\_\_\_ Divorced

Spouse's Name \_\_\_\_\_ Yrs. Married \_\_\_\_\_

Names and ages of dependants living with you \_\_\_\_\_

**Current Occupation** \_\_\_\_\_ How Long? \_\_\_\_\_ **Employer** \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Your current Health condition \_\_\_\_\_ Are you or your dependents currently receiving \_\_\_\_\_ food stamps

\_\_\_\_\_ Medicaid \_\_\_\_\_ Temp. Assist. For needy families \_\_\_\_\_ Public housing \_\_\_\_\_ Supplemental Soc. Sec. Income

List sources of income and average monthly amounts: List your outstanding obligations and balances due

- A. Take-home wages and/or salary \$ \_\_\_\_\_
- B. Net Self-Employment Income \$ \_\_\_\_\_
- C. Government Program Income (SSI) \$ \_\_\_\_\_
- D. Unemployment/Disability/Retirement Income \$ \_\_\_\_\_
- E. Alimony/Child Support Income \$ \_\_\_\_\_
- F. Annuities/Dividends/Interest Income \$ \_\_\_\_\_
- G. Rental/Royalty Income \$ \_\_\_\_\_
- H. Trust/Estate Income \$ \_\_\_\_\_
- I. Available Spouse Income \$ \_\_\_\_\_

- A. Auto Loans ..... \$ \_\_\_\_\_
- B. Other Loans..... \$ \_\_\_\_\_
- C. Credit Cards..... \$ \_\_\_\_\_
- D. Child Support..... \$ \_\_\_\_\_

- List all assets/property owned and value
- A. Real Estate \_\_\_\_\_ \$ \_\_\_\_\_
  - B. Automobiles \_\_\_\_\_ \$ \_\_\_\_\_
  - C. Cash/Bank Accounts \_\_\_\_\_ \$ \_\_\_\_\_
  - D. Stock/Bonds \_\_\_\_\_ \$ \_\_\_\_\_

- List your necessary living expenses
- A. House Mortgage/Rent..... \$ \_\_\_\_\_
  - B. Utilities..... \$ \_\_\_\_\_
  - C. Food..... \$ \_\_\_\_\_
  - D. Medical..... \$ \_\_\_\_\_
  - E. Child Care..... \$ \_\_\_\_\_
  - F. Transportation..... \$ \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF LYNN

"I swear/affirm that the foregoing answers concerning my financial resources are true and correct."

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Juvenile Probation Officer/Magistrate