

MONTGOMERY COUNTY, TEXAS

UNSWORN DECLARATION OF INDIGENCE FOR JUVENILE COURT*THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***In the Matter of****Juvenile - Respondent****Cause No.** _____**In the County Court at Law No. Six****Interpreter required?** ☐ Yes ☐ No**If yes, language required:** _____*THIS PORTION TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN***Name** _____ **Relationship to Juvenile** _____
First Name MI Last Name**Address** _____
Street Apt No. City State Zip Code**Phone Numbers** _____
Home Cell Work Family Member**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated**Name of Spouse** _____
First MI Last**Are you Employed?** ☐ Yes ☐ No **If yes, where?** _____ **Type of Work** _____**Spouse Employed?** ☐ Yes ☐ No **If yes, where?** _____ **Type of Work** _____**Public Benefits:** ☐ Medicaid/CHIP ☐ SNAP ☐ TANF ☐ Public Housing ☐ SSI ☐ Other(s): _____

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

RESIDENCE INFORMATION**Rent:** ☐**Own:** ☐**Reside with family:** ☐**Homeless:** ☐**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 Food & Household Expenses	\$
Unemployment Benefits	\$	Auto/Transportation Costs	\$
Social Security/Disability/Pensions	\$	Cell/home phone	\$
Other Government Check	\$	Minimum Monthly Credit Card Payment	\$
Other Income	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME	\$	Child Support	\$
Assets (home, auto, etc.)	\$	Other:	\$
Total ASSETS (home, auto, etc.)	\$	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 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 Legal Guardian's Signature

Date

SECTION BELOW TO BE COMPLETED.

Unsworn Declaration by Parent/Guardian

(Parent/Legal Guardian ONLY)

My name is _____,
(First Name) (Middle Name) (Last Name)

My date of birth is _____.

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 _____, 20____.
(Month) (Year)

Parent or Legal Guardian's Signature

Date

THIS PORTION TO BE COMPLETED BY THE COURT

Juvenile Currently Meets Eligibility Requirements?

☐ YES

☐ NO

Date _____