

**SWORN APPLICATION FOR COURT APPOINTED ATTORNEY  
(JUVENILE CASES)**

THIS FORM SHALL BE COMPLETED UNDER OATH BY PARENT AND/OR PARENTS:

Juvenile's Name: \_\_\_\_\_ Court Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's usual occupation: \_\_\_\_\_  
Father's current place of employment: \_\_\_\_\_  
Address of employment: \_\_\_\_\_  
Name of Employer/Supervisor: \_\_\_\_\_  
Wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, 2 weeks, monthly or other)  
Father's annual income last year: \$ \_\_\_\_\_

Highest grade attained in school: \_\_\_\_\_  
List college, vocational or technical training: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's usual occupation: \_\_\_\_\_  
Mother's current place of employment: \_\_\_\_\_  
Address of employment: \_\_\_\_\_  
Name of Employer/Supervisor: \_\_\_\_\_  
Wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, 2 weeks, monthly or other)  
Mother's annual income last year: \$ \_\_\_\_\_

Highest grade attained in school: \_\_\_\_\_  
List college, vocational or technical training: \_\_\_\_\_

List any homes and/or other real estate owned in whole or in part by you:  
\_\_\_\_\_

List all motor vehicles owned by you: \_\_\_\_\_

List all of your bank accounts by Bank and Account#:  
\_\_\_\_\_  
\_\_\_\_\_

List all bonds, stocks, securities or similar investments owned by you:  
\_\_\_\_\_  
\_\_\_\_\_

List all personal property owned by you, such as firearms, boats, televisions, refrigerators, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

List all other sources of income whatsoever (social security, pensions, oil & gas income, welfare, food stamps, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

List the following monthly expenses, if applicable:

Rent or house payment: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Utilities:

a. Electric \_\_\_\_\_

b. Gas \_\_\_\_\_

c. Water \_\_\_\_\_

d. Telephone \_\_\_\_\_

e. Other \_\_\_\_\_

Groceries: \_\_\_\_\_

Clothing: \_\_\_\_\_

List all dependents – including their ages:

\_\_\_\_\_

List all other debts and financial obligations:

\_\_\_\_\_

What charges are pending against your child? \_\_\_\_\_

Felony or Misdemeanor \_\_\_\_\_

I, \_\_\_\_\_ having accurately and truthfully completed the above application for court appointed attorney, swear to said application's truth and accuracy under penalty of perjury under Section 37.02 or 37.03 of the Texas Penal Code for any misrepresentation of the facts contained herein.

Further, on this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, I have been advised by \_\_\_\_\_ of my right to representation of counsel in the trial of the charge(s) pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the Court to appoint counsel for me.

\_\_\_\_\_  
Applicant

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

Sworn and subscribed to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

My commission expires: \_\_\_\_\_

**ORDER APPOINTING ATTORNEY**

Upon determination by the Court that this defendant is too poor to employ counsel, the Court hereby appoints \_\_\_\_\_, a practicing attorney in \_\_\_\_\_ County, to defend him.

\_\_\_\_\_  
Judge

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

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