

CAUSE No. _____

IN THE MATTER OF

§
§

IN THE JUVENILE COURT OF
REFUGIO COUNTY, TEXAS

APPLICATION FOR APPOINTMENT OF JUVENILE COUNSEL

The undersigned, being duly sworn, say the following:

“I am / We are (circle one) responsible for the support of the Juvenile Respondent and are not financially able to employ an attorney to represent the Juvenile Respondent, and request that the Court appoint competent counsel to represent said Juvenile Respondent.”

Signature of Applicant

Signature of Applicant

Relationship to Respondent

Relationship to Respondent

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20__.

Notary in and for the State of Texas



APPOINTMENT OF COUNSEL

The above application for the appointment of counsel to represent the Juvenile Respondent in the above entitled and numbered cause coming on to be heard, and, the Court having considered the same and being of the opinion that such application should be granted;

it is accordingly so ordered and I do hereby appoint _____,

found by the Court to be competent, as the Attorney for the Respondent in the above entitled and numbered cause.

Signed and Entered this the _____ day of _____, 20__.

Judge

Juvenile Court of Refugio County, Texas

PERSONAL FINANCIAL STATEMENT
for
APPLICATION FOR APPOINTMENT OF JUVENILE COUNSEL

APPLICANT'S NAME: _____

I. MONTHLY WAGES

- 1. Take-home pay (must bring paycheck stub) _____
- 2. Spouse/Partner take-home pay _____
- TOTAL MONTHLY WAGES =====

II. OTHER INCOME/BENEFITS

- 1. Earnings of others in household _____
- 2. Welfare (AFDC/Food Stamps, etc.) _____
- 3. Unemployment _____
- 4. Worker's Comp _____
- 5. Child Support Received _____
- 6. Social Security _____
- 7. Veteran _____
- 8. Health & Accident _____
- 9. Retirement _____
- 10. Other: _____
- TOTAL OTHER INCOME/BENEFITS =====

TOTAL MONTHLY INCOME _____

III. MONTHLY EXPENSES

- 1. Rent/house payment _____
- 2. Food for _____ person(s) _____
- 3. Clothing for _____ person(s) _____
- 4. Utilities (Electricity/gas/water/phone/etc.) _____
- 5. Transportation _____
- 6. Child Support PAID _____
- 7. Medical (medicine/doctor/hospital/etc.) _____
- 8. Insurance (life &/or medical) _____
- 9. Other: _____
- TOTAL MONTHLY EXPENSES =====

IV. MONTHLY INSTALLMENT PAYMENTS

- 1. Credit card payments _____
- 2. Loan payments _____
- 3. Home or car insurance _____
- 4. Other: _____
- TOTAL INSTALLMENT PAYMENTS =====

TOTAL MONTHLY EXPENSES _____

NET INCOME REMAINING =====

I do hereby swear / affirm that the above information is true, and that I have not withheld any pertinent information.

Date completed

Signature of guardian of juvenile/applicant