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			
TOTAL INCOME:	TOTAL NECESSARY EXPENSES:	TOTAL ASSETS:		

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.