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| ***This portion to be completed by Office Personnel only***  **JUVENILE AFFIDAVIT OF INDIGENCE** |

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| The State of Texas  vs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_County Court  \_\_\_\_\_\_\_\_\_\_\_District Court |
| Offense: | Interpreter required?  **Yes  No**  If yes, language required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Offense: |
| Juvenile Currently Residing In:  Correctional Facility Mental Health Facility | |

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| ***This portion to be completed by Juvenile’s Parent or Guardian*** | | | | | | | | |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | | |
| **First Name MI Last Name** | | | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Street Apt No. City State Zip Code** | | | | | | | | |
| **Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Home Cell Work Family Member** | | | | | | | | |
| |  | | --- | | **I receive:  Medicaid  SSI  SNAP  TANF  Public Housing** | | | | | | | | | |
| **Are you Employed?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Number of Hours per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Marital Status :  Single  Married  Divorced  Widowed  Separated** | | | | | | | | |
| **Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **First MI Last** | | | | | | | | |
|  | | | | | | | | |
| **Name of Dependent Child(ren)**  **(0-18 yrs.)** | | | **Age** | **Name of Dependent Child(ren)**  **(0-18 yrs.)** | | | | **Age** |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
| **RESIDENCE INFORMATION** | | | | | | | | |
| **Rent: yes or no** | **Own: yes or no** | | | **Reside with family: yes or no** | | **Homeless: yes or no** | | |
|  | | | | | | | | |
| **MONTHLY INCOME AND ASSETS** | | | | **MONTHLY EXPENSES** | | | | |
| **My take home pay** | | **$** | | **Rent/Mortgage** | | | **$** | |
| **Spouse’s take home pay** | | **$** | | **Utilities (Elec., Gas, Water)** | | | **$** | |
| **Child Support (Received)** | | **$** | | **Total Child Expenses (Including Child Support Paid)** | | | **$** | |
| **Food Stamps** | | **$** | | **Total Food Expenses** | | | **$** | |
| **Social Security/Disability** | | **$** | | **Transportation Costs** | | | **$** | |
| **Other Government Check** | | **$** | | **Cell/home phone** | | | **$** | |
| **Other Income** | | **$** | | **Probation fees** | | | **$** | |
| **Assets (car, house, etc.)** | | **$** | | **Medical Expenses / Health Insurance** | | | **$** | |
| **TOTAL MONTHLY INCOME**  **AND ASSETS** | | **$** | | **Minimum Monthly Credit Card Payment** | | | **$** | |
|  | |  | | **TOTAL MONTHLY EXPENSES** | | | **$** | |

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| --- | --- |
| **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 Guardian’s Signature | Date |
|  | |
| ONLY **ONE SECTION** BELOW TO BE COMPLETED. | |
| **Administered Oath**  (Clerk/Notary ONLY) | |
| SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Clerk/Notary Public Signature Date** | |
| **Unsworn Declaration by Parent/Guardian**  (Parent/Guardian ONLY) | |
| My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (First Name) (Middle Name) (Last Name)  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 \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.  (Month) (Year) | |

|  |  |
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| **Juvenile Currently Meets Eligibility Requirements?** | |
| **YES** | **NO** |
| **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is appointed to represent juvenile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the following charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

**Appointing Authority**

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| --- |
| **Attorney’s Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Juvenile’s Location** | |
| **Released**  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **In Detention**  County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |