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| **JUVENILE INTAKE FORM** |
| PID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JV# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Juvenile Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alleged Offense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level of Offense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bilingual Attorney Requested [ ] Yes [ ] No Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child in Detention? [ ] Yes [ ] No |
| Juvenile lives with: [ ] Parents [ ] Mother [ ] Father [ ] Legal Guardian [ ] Other Adult Person [ ]  Foster Care |
| ***This portion to be completed by or With Juvenile’s Parent or Guardian*** |
| [ ]  I intend to retain counsel for the juvenile.[ ]  I have completed the attached financial affidavit to see if the juvenile qualifies for appointed counsel.[ ]  If I do not qualify pursuant to this document, I request a hearing before the judge to present evidence of my inability to hire a lawyer to represent my child. |
| On this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, I have been advised that my child must be represented by an attorney pursuant to Sec. 51.10 of the Texas Family Code. I have been informed that I may have an attorney appointed to represent my child if I qualify as indigent under Juvenile Board guidelines. I further understand that if I do not qualify as indigent, then I am responsible for hiring an attorney to represent my child.  |
| I understand that this affidavit is being made under oath, and that it will become part of an official proceeding, and that it is a criminal offense for me to make any false statement in this affidavit and financial statement/questionnaire. By my signature below, I swear that the information I have provided in this application is accurate, true and correct and I will immediately notify the court of any changes in my financial situation. I am unable to hire an attorney and request that an attorney be appointed to represent my child.  |
| SIGNATURE  | PRINTED NAME |
| Address:  | Home Phone: |
|  | Work Phone:  |
| 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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| ***This portion to be completed by Office Personnel only*****JUVENILE AFFIDAVIT OF INDIGENCE** |
| The State of Texasvs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_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 or With 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** | **$** |