|  |  |  |
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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 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 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** | | | **$** | |