_____ COUNTY Cause No. _____

JUVENILE AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs. _____	_____County Court _____District Court
Offense:	Interpreter required? ☐ Yes ☐ No
Offense:	If yes, language required: _____
Juvenile Currently Residing In: ☐ Correctional Facility ☐ Mental Health Facility	

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	$

_____ COUNTY Cause No. _____

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)

Juvenile Currently Meets Eligibility Requirements?

☐ **YES** ☐ **NO**

Date _____