

JUVENILE AFFIDAVIT OF INDIGENCE

JUVENILE INFORMATION

The State of Texas vs. _____ DOB: _____	County of Hays Hays County Court at Law
Offense: _____	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: _____	If yes, language required: _____
Juvenile Currently Residing In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Other	

PARENT INFORMATION

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
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<u>MONTHLY INCOME AND ASSETS</u>		<u>MONTHLY EXPENSES</u>	
Gross Income	\$	Rent/Mortgage	\$
Spouse's Gross Income	\$	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	\$
		Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$