

Cause No. _____

MOTION FOR COURT-APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

I am the (parent/guardian/custodian) of _____, a child detained at the Denton County Juvenile Detention Center and/or against whom a petition/motion to modify has been filed.

1. My full legal name is _____, I am over the age of eighteen (18), and I am fully competent to execute this affidavit.

2. I live at _____
Street Address City State Zip

3. Forms of Identification: SS# _____ DL or ID#: _____

Other: _____

4. All phone numbers: _____

5. Identifiers: Age: _____ Date of Birth: _____ Place of Birth: _____

6. Total number of persons who live in your home: _____

7. Names and relationship of all persons who live in your home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. How many children under the age of 18 do you support? _____

9. I am employed _____ unemployed _____

10. If employed:

Employer: _____

Employer's Address: _____

Work Telephone Number: _____

Supervisor's Name: _____

11. If unemployed, last three jobs held and dates of employment: _____

12.If unemployed, last three jobs I have applied for and dates of applications or reason(s) I have not sought employment:

INCOME

13.My average monthly gross (before deductions) income: \$ _____/month

14.Average monthly gross (before deductions) income of spouse/significant other/other adults in home:
+ \$ _____/month

15.Identify and list any and all other sources of income not considered in Questions 13 and 14
(including child support, alimony, allowance, scholarships, gifts, etc.)

+ \$ _____/month

TOTAL VALUE OF INCOME (Items 13, 14 and 15) = \$ _____/month

ASSETS

16.Total of cash on hand, checking accounts, savings accounts, certificates of deposit,
stocks, mutual funds, etc. \$ _____

17.Value of real estate owned less amount owed (other than family residence) + \$ _____

18.Make, model, and year of automobile(s) Car 1 _____ Car 2 _____

19.Value of automobile less amount owed Car 1 _____ Car 2 _____

20. Other assets: (List) _____ + \$ _____

TOTAL VALUE OF ASSETS (Items 16, 17, 19 and 20) = \$ _____

21.Monthly debts and expenses:

Mortgage/Rent _____ \$ _____

Groceries _____ + \$ _____

Utilities _____ + \$ _____

Cell Phone(s) _____ + \$ _____

Television provider, name of provider: _____ + \$ _____

Internet _____ + \$ _____

Car payments(s) _____ + \$ _____

Personal Grooming _____ + \$ _____

Other, describe _____ + \$ _____

TOTAL MONTHLY DEBTS AND EXPENSES = \$ _____

22. List any governmental assistance you or your dependents are currently receiving, such as:

	Yes	Monthly amt.	No
a) Food Stamps	_____	\$ _____	_____
b) Medicaid	_____		_____
c) Denton County Health Services.....	_____		_____
d) Temporary Assistance for Needy Families	_____	\$ _____	_____
e) Supplemental Security Income	_____	\$ _____	_____
f) Public Housing.....	_____	\$ _____	_____
g) Other, describe _____	_____	\$ _____	_____

23. I have _____ have not _____ attempted to hire an attorney in this case.

The name(s) of the attorney(s) I have contacted is/are: _____

_____.

I swear or affirm that the above financial affidavit is true and correct.

I understand that if I intentionally or knowingly give false information in this affidavit and/or during the hearing on this Motion, that I may be prosecuted for the offense of aggravated perjury, a third-degree felony, punishable by imprisonment not to exceed ten (10) years or less than two (2) years and a fine not to exceed ten thousand dollars (\$10,000.00).

Parent/Guardian/Custodian Printed Name

Parent/Guardian/Custodian Signature

Sworn to and subscribed before me on _____.

Presiding Judge