

### Client Financial Statement

Each person requesting a court appointed attorney must complete this form.

Name: \_\_\_\_\_  
 (First) (MI) (Last)

Spouse/Partner Name: \_\_\_\_\_  
 (First) (MI) (Last)

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case Number/Type: \_\_\_\_\_

Biological Parent to Child(ren)  YES  NO

Case Type (CAN, TPR, etc.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number where you can be contacted:  
 \_\_\_\_\_ or \_\_\_\_\_

Marital Status:  
 Single  Married  Separated

List each child/juvenile involved in this proceeding:

Name of child/juvenile (First, MI, Last)	Date of Birth	Your Relationship to Child	Was the child living with you prior to involvement with the Juvenile Office?	If the child was not living with you, how often did you have contact with the child and what type of contact?
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Name, age, and relationship of any other children you support:

### Household Income and Assets

Requesting Party Information

Spouse/Live-In Information

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Full Time Part Time Hours per Week: \_\_\_\_\_

Full Time Part Time Hours per Week: \_\_\_\_\_

Requesting Party Info continued	Spouse/Live-In Information continued
<p>If not employed:</p> <p>Reason Unemployed: _____</p> <p>Length of Unemployment: _____</p>	<p>If not employed:</p> <p>Reason Unemployed: _____</p> <p>Length of Unemployment: _____</p>
<p>Gross Monthly Salary (before taxes)                    \$ _____</p> <p>Do you receive any of the following for yourself or the child(ren)?                    If yes, monthly amount:</p> <p style="padding-left: 40px;">AFDC/TANF <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Unemployment Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Social Security Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Veterans Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Any Other Welfare or Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Other Income-Specify <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">_____</p> <p style="text-align: right;">Total Monthly Income \$ _____</p>	<p>Gross Monthly Salary (before taxes)                    \$ _____</p> <p>Do you receive any of the following for yourself or the child(ren)?                    If yes, monthly amount:</p> <p style="padding-left: 40px;">AFDC/TANF <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Unemployment Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Social Security Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Veterans Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Any Other Welfare or Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">Other Income-Specify <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____</p> <p style="padding-left: 40px;">_____</p> <p style="text-align: right;">Total Monthly Income \$ _____</p>
<p>Checking/Savings Accounts (Joint or Individual):</p> <p>Checking - Amount in account: \$ _____ Bank: _____</p> <p>Savings - Amount in account: \$ _____ Bank: _____</p>	
<p>Automobiles: Year: _____ Make/Model: _____</p> <p style="padding-left: 40px;">Year: _____ Make/Model: _____</p> <p>Real Estate Owned (Describe and List Property Value): _____</p> <p>Other Property or Assets (Describe and List Value): _____</p>	
<p><b>PLEASE CONTINUE TO NEXT PAGE</b></p>	

Monthly Expenses		Miscellaneous Information	
List Expense	Amount	What amount can you afford to contribute to the cost of a court appointed attorney?	\$_____
Rent/Mortgage	\$		
Car Payment	\$	Have you ever been or are you currently represented by an attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list name of attorney and date of representation:  What other relevant information should the court consider concerning your income and expenses in determining whether you are eligible for a Court Appointed Attorney?	
Auto Insurance	\$		
Food	\$		
Clothing	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Monthly Expenses	\$_____		

**Reason for Request**

I am the parent, guardian, or custodian of the above-named child(ren) and request appointment of counsel for the following reason(s):

You must sign and date this form and return to the Juvenile Officer or Court.

I, \_\_\_\_\_, attest all information contained herein is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application for attorney approved:  Attorney Appointed: \_\_\_\_\_

Application for attorney denied:  Applicant has sufficient funds  Counsel not necessary to assure a full and fair hearing

Other \_\_\_\_\_

Signature of Reviewing Judge: \_\_\_\_\_ Date: \_\_\_\_\_