

TURNER COUNTY JUVENILE COURT DJJ DFCS

Date_____	Approved_____	Denied_____	DO NOT WRITE IN THIS AREA
_____	_____	_____	
Judge of Juvenile Court	Approved attorney		

INDIGENT LEGAL ASSISTANCE AFFIDAVIT AND INTERVIEW

\*\*\* NOTICE: You are making this affidavit under penalty of being prosecuted for the crime of FALSE SWEARING, a felony, if you answer any question or make any statement falsely. \*\*\*

ALL QUESTIONS MUST BE ANSWERED THAT APPLY TO YOU. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO JUVENILE(S): \_\_\_\_\_

NAME OF JUVENILE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE A JOB? YES NO

WHERE DO YOU WORK? \_\_\_\_\_ HOW LONG AT PRESENT JOB? \_\_\_\_\_

HOW ARE YOU PAID?: \_\_\_\_\_ HOW MUCH? (TAKE-HOME PAY) \$ \_\_\_\_\_  
 WEEKLY  BI-WEEKLY  MONTHLY

DOES THE JUVENILE HAVE A JOB? YES NO

IF SO, HOW IS THE JUVENILE PAID?: \_\_\_\_\_ HOW MUCH? \$ \_\_\_\_\_  
 WEEKLY  BI-WEEKLY  MONTHLY

CHECK IF YOU OR THE JUVENILE(S) RECEIVE ANY OF THE FOLLOWING:

<input type="checkbox"/> FOOD STAMPS	HOW MUCH: \$ _____
<input type="checkbox"/> WORKERS COMPENSATION	HOW MUCH: \$ _____
<input type="checkbox"/> SOCIAL SECURITY	HOW MUCH: \$ _____
<input type="checkbox"/> DISABILITY	HOW MUCH: \$ _____
<input type="checkbox"/> TANF	HOW MUCH: \$ _____
<input type="checkbox"/> CHILD SUPPORT	HOW MUCH: \$ _____

ARE YOU MARRIED?YESNO DOES YOUR HUSBAND OR WIFE WORK?YESNO  
WHERE? \_\_\_\_\_ HOW MUCH? \$ \_\_\_\_\_  WEEKLY  BI-WEEKLY  MONTHLY

DO YOU PAY CHILD SUPPORT UNDER A COURT ORDER? YES NO  
IF SO, HOW MUCH: \$ \_\_\_\_\_ WEEKLY BI-WEEKLY MONTHLY

LIST THE NAMES AND DATE OF BIRTH OF ALL YOUR CHILDREN THAT YOU SUPPORT AND WHOM THEY LIVE WITH:

NAME	DATE OF BIRTH	WHOM THEY LIVE WITH
------	---------------	---------------------

---

---

---

---

---

---

---

---

---

DO YOU OR YOUR SPOUSE OWN A VEHICLE? YES NO  
IF YES, IS THE VEHICLE(S) PAID FOR? YES NO  
YEAR(S) AND MODEL(S) OF VEHICLE(S) \_\_\_\_\_

PLEASE CHECK THE ONE THAT APPLIES TO YOU OR YOUR SPOUSE  
HOME: HOW MUCH: \$ \_\_\_\_\_ MONTHLY  
RENT  
OWN  
MORTGAGE  
LAND PAID FOR YES NO  
REAL ESTATE PAID FOR YES NO

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU OWN

				VALUE
<input type="checkbox"/> JEWELRY	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD	\$ _____
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD	\$ _____
<input type="checkbox"/> GUNS	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD	\$ _____
<input type="checkbox"/> BOAT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD	\$ _____
<input type="checkbox"/> FOUR WHEELER	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD	\$ _____

ARE YOU ON PROBATION OR PAROLE? YES NO (If yes, answer the following question.) AMOUNT PAID? \$ \_\_\_\_\_ PER WEEK

DO YOU HAVE ANY MAJOR DEBTS? YES NO (If yes, How much do you owe and to whom do you owe?) \_\_\_\_\_

I UNDERSTAND THAT I MAY BE REQUIRED TO PAY TURNER COUNTY BACK FOR COURT-APPOINTED ATTORNEY'S FEES IN AN AMOUNT NOT TO EXCEED \$750.00 (IF CASE IS DISPOSED OF WITHOUT A TRIAL) AND NOT TO EXCEED \$2,000.00 (IF CASE DISPOSED OF WITH A TRIAL), BUT THE ACTUAL AMOUNT OF ATTORNEY'S FEES TO BE PAID WILL BE BASED UPON THE AMOUNT OF TIME A COURT-APPOINTED ATTORNEY SPENDS IN PREPARING AND DISPOSING OF MY CASE:

\_\_\_\_\_ (PLEASE SIGN)

SWORN STATEMENT: UPON MY OATH, I SWEAR THAT I AM FINANCIALLY UNABLE TO HIRE AN ATTORNEY. I SWEAR THAT ALL STATEMENTS AND ANSWERS ON THIS FORM ARE TRUE AND CORRECT. I AM AWARE THAT FALSE SWEARING IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000.00 AND/OR IMPRISONMENT OF NOT LESS THAN ONE YEAR OR MORE THAN FIVE YEARS.

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (Must be signed before a Notary Public)  
SOCIAL SECURITY NUMBER OF PERSON COMPLETING FORM: \_\_\_\_\_  
DATE OF BIRTH OF PERSON COMPLETING FORM: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC