NOTICE: THIS DOCUMENT CONTAINS SENSITVE DATA

Date Received: Date approved: Date denied: Attorney:	_	
Judge's initials:		
	CAUSE NUMBER _	
IN THE INTEREST OF	§	CHILD PROTECTION COURT
	<u> </u>	OF
A CHILD/CHILDREN	§	TAYLOR COUNTY, TEXAS
PARI	ENT'S STATEMENT	OF INDIGENCY AND
REQUI	EST FOR COURT-AP	PPOINTED ATTORNEY
1. YOUR INFORMATION	ON	
My Full legal name is		My date of birth is/
First	Middle	Last Month/Day/Year
My Address is: (Home)		
(Maning)		<u> </u>
My phone number:	. Mv e-mai	il:
About my dependents: "The peo	ople who depend on me	e financially are listed below:
Name	Age	e Relationship to me
1		
2		
3		
4		
6		
2. DO YOU RECEIVED		i ?
☐ I do NOT receive public ben		tlaments that are based on indigency
		tlements that are based on indigency: nis form, such as a copy of check or eligibility form.
_		□ CHIP □ SSI □ WIC □ AABD
□ Public Housing or Section	8 Housing □ Low-In	ncome Energy Assistance
☐ Emergency Assistance ☐	Telephone Lifeline	□ Community Care via DADS
□ LIS in Medicare ("Extra F	Ielp") □ Needs-base	ed VA Pension
☐ Child care Assistance und	er Child Care Develor	pment Black Grant
☐ County Assistance, Count	y Health Care, or Ger	neral Assistance (GA)
□ Other:		

3. WHAT IS YOUR MONTHLY INCOM	E AND INCOME SOURCE?	
"I get this monthly income:		
\$in monthly wages. I work as a	for	·
	r job title Your employer	
\$in monthly unemployment. I have \$in public benefits per month.	been unemployed since (date)	•
· 1	dood month (1 interplatification manufacture)	
to your household income).	d each month. (List only if other member	's contribute
	os, bonuses \square Disability \square Worker's	s Comp
<u> </u>	y Housing □ Dividends, interest, roy	-
☐ Child/spousal support	Thousing \(\text{Dividends, interest, roy}\)	arties
☐ My spouse's income or in	come from another member of my h	ousehold
· · · · · · · · · · · · · · · · · · ·	. (Describe)	
\$is my TOTAL MONTHLY incor		
4. WHAT IS THE VALUE OF YOUR PROPERTY?	5. WHAT ARE YOUR MONTHLY F	
"My property includes: Value	"My monthly expenses are:	Amount
Cash	Rent/house payment/maintenance	e \$
Bank accounts, other financial assets	Food and household supplies	\$
\$	Utilities and telephone/cell	\$
\$	Clothing and laundry	\$
<u> </u>	Medical & dental expenses	\$
Vehicles (cars, boats) (make & year)	Insurance (life, health, auto, etc.)	
	School and child care	\$
	Transportation, auto repair, gas	\$
Other presents: (like investors and	Child/spousal support	\$ \$
Other property (like jewelry, stocks, land, another house, etc.)	Wages withheld by court order Debts paid to: (list)	Φ
another nouse, etc.)	Debts paid to. (fist)	φ ¢
\$		Ψ
		\$
Total Value of Property \$	Total Monthly Expenses:	Ψ
Total value of Troperty ϕ	Total Wolting Expenses.	Ψ
6. ARE THERE DEBTS OR OTHER F SITUATION? "My debts include: (list debt and amount owed):_		
(If you want the Court to consider other facts, such as und	usual medical expenses, family emergencie	es, etc., attac
another page to this form labeled "Exhibit: Additional Supp	oorting Facts.") Check here if you attach an	other page.
7. DECLARATION I declare under penalty of perjury that the fores	going is true and correct. I further swear	that I canno
afford to pay an attorney or pay court costs. I under		
information either in this affidavit or during any hearifor aggravated perjury and if convicted, be sentenced upon the sentence of the sentenc		e prosecute
Manageria	Mar Jaka Clindin / /	
My name is		
My address is		·
Signed on/_	/ in Com	ty Taxaa
Signature Signed on/_	, Coun	лу, 15ха8.
Digitatuic		