

**CAUSE NO.**

<b>IN THE MATTER OF</b>	<b>§</b>	<b>IN THE COUNTY COURT</b>
	<b>§</b>	<b>AT LAW NO. () OF</b>
	<b>§</b>	
<b>A CHILD</b>	<b>§</b>	<b>FORT BEND COUNTY, TEXAS</b>
		<b>SITTING AS A JUVENILE COURT</b>

**FINANCIAL REPORT ON PARENTS' ABILITY TO HIRE  
AN ATTORNEY TO REPRESENT A JUVENILE RESPONDENT  
AND THE JUVENILE IS NOT REPRESENTED BY COUNSEL**

If the juvenile is not represented by an attorney, the Juvenile Probation Officer in charge of the case shall complete this form and file with the Juvenile Judge as follows:

Name of attorney who has previously represented the child (if any):

**Previous Attorney:**

**(Check One)**

**Child in Detention.** The form shall be presented to the Juvenile Judge by 10:00 a.m. of the day the initial detention hearing is held.

**Child not in Detention.** The form shall be presented to the Juvenile Judge within ten (10) working days a petition is filed.

**2. List the names of person(s) who provided information and relationship to the juvenile:**

<u>NAME</u>	<u>RELATIONSHIP</u>

**Primary language spoken: English/Spanish/Other**

**3. Information about the Juvenile:**

- A. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

- B. Name of person(s) child resides with:

**NAME** **RELATIONSHIP**


- C. Offense(s) alleged: Criminal Trespass; Evading
- D. Possible type of hearing for the case based upon probable cause statement: (Check one)
- CINS or Delinquent Conduct - T.J.J.D. not possible  
Delinquent Conduct with indeterminate sentence - T.J.J.D. possible
- Determinate Sentence
- Certification
- Mental Competency

**4. Information About Parents**

A. Check One

- Parents together
- Parents separated
- Parents divorced
- Other; explain: \_\_\_\_\_

B. Name of Father: \_\_\_\_\_

Telephone Number(s): Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Residence: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Approximate Monthly Salary: \$\_\_\_\_\_

Receiving any form of Governmental Financial Assistance:

- Yes
- No

C. Name of Mother: \_\_\_\_\_

Telephone Number(s): Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Residence: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Approximate Monthly Salary: \$\_\_\_\_\_

Receiving any form of Governmental Financial Assistance:

- Yes
- No

D. List income received per month from the following:

		<u><b>MOTHER</b></u>	<u><b>FATHER</b></u>
1	Child Support	\$	\$
2	Welfare (Food Stamps)	\$	\$
3	Worker's Compensation	\$	\$
4	Unemployment	\$	\$
5	Disability	\$	\$
6	Retirement	\$	\$
7	Other Sources of Income	\$ _____	\$ _____
<b>Total Income (add lines 1 – 7)</b>		<b>\$</b>	<b>\$</b>

E. Monthly expenses owed by parent(s):

		<u><b>MOTHER</b></u>	<u><b>FATHER</b></u>
1	Rent/Mortgage	\$	\$
2	Car Payment	\$	\$
3	Car Insurance	\$	\$
4	Gas Expenses	\$	\$
5	Utilities	\$	\$
6	Insurance (Health/Home)	\$	\$
7	Child Support/Child Care	\$	\$
8	Legal Expenses	\$	\$
9	Other (credit cards, loans, etc.):	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$ _____	\$ _____
<b>Total Expenses (add lines 1 – 9)</b>		<b>\$</b>	<b>\$</b>

F. List assets of the parent(s):

1. Real Property owned by parent(s), give property description and fair market value:

**DESCRIPTION**

**VALUE**

a		\$
b		\$

2. Stocks and bonds owned by the parent(s), give description and fair market value:

**DESCRIPTION**

**VALUE**

a		\$
b		\$

3. Automobile(s) owned by parent(s), give year, make, model and fair market value:

**DESCRIPTION**

**VALUE**

a		\$
b		\$
c		\$
d		\$

4. Amount in checking and savings accounts:

a	Checking Account	\$
b	Savings Account	\$

**Total Assets (add 1 thru 4)**

**\$ \_\_\_\_\_**

This form was completed on this the \_\_\_\_ day of\_\_\_\_, 20**13**, by the undersigned Juvenile Probation Officer of Fort Bend County Juvenile Probation Department from information reviewed from the above named person(s).

\_\_\_\_\_  
Juvenile Probation Officer

I have read the above and foregoing and the information contained therein is true and correct.

\_\_\_\_\_  
Father (signature)

\_\_\_\_\_  
Father (print name)

\_\_\_\_\_  
Mother (signature)

\_\_\_\_\_  
Mother (print name)

**THE STATE OF TEXAS           §**  
**§**  
**COUNTY OF FORT BEND       §**

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed in the foregoing and having been duly sworn, stated on oath that the foregoing is true and correct.

\_\_\_\_\_  
Notary Public in and for  
The State of Texas

**THE STATE OF TEXAS           §**  
**§**  
**COUNTY OF FORT BEND       §**

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed in the foregoing and having been duly sworn, stated on oath that the foregoing is true and correct.

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CAUSE NO. \_\_\_\_\_

<b>IN THE MATTER OF</b>	<b>§</b>	<b>IN THE COUNTY COURT</b>
	<b>§</b>	<b>AT LAW NO. (X) OF</b>
	<b>§</b>	
<b>A CHILD</b>	<b>§</b>	<b>FORT BEND COUNTY, TEXAS</b>
		<b>SITTING AS A JUVENILE COURT</b>

**ORDER OF APPOINTMENT OF COUNSEL**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
it appears to the court that the affiant named herein is indigent and unable to employ counsel  
for the representation of the above named child.

**IT IS THEREFORE ORDERED** that \_\_\_\_\_,  
a duly licensed attorney, be and is hereby appointed as attorney to represent the child in this  
cause.

\_\_\_\_\_  
**JUDGE PRESIDING**