DECLARATION OF FINANCIAL INABILITY TO EMPLOY COUNSEL

Cause No. _____

IN THE MATTER **451ST JUDICIAL DISTRICT** OF **KENDALL COUNTY, TEXAS JUVENILE COURT** I, _____ and ____ Mother – Father – Legal Guardian Mother – Father – Legal Guardian am/are the responsible party/parties in the above entitled action. The Juvenile is not represented by counsel in this proceeding. I. **EARNINGS** Responsible Party 1 NAME OF EMPLOYER: _____ ADDRESS OF EMPLOYMENT: EARNINGS (WEEKLY/MONTHLY): _____ Responsible Party 2 NAME OF EMPLOYER: _____ ADDRESS OF EMPLOYMENT: EARNINGS (WEEKLY/MONTHLY): One or more of the responsible parties *currently* receive (circle one): Medicaid SSI SNAP TANF Public Housing None ADDITIONAL INCOME (RESPONSIBLE PARTY 1): Child Support (Y/N) AMOUNT (MONTHLY): • Other **(Y/N)** (define): AMOUNT (MONTHLY): **ADDITIONAL INCOME (RESPONSIBLE PARTY 2):** Child Support (Y/N) AMOUNT (MONTHLY): Social Security/Disability (Y/N) AMOUNT (MONTHLY): Retirement (Y/N) AMOUNT (MONTHLY): _________

• Other **(Y/N)** (define): ______ AMOUNT (MONTHLY):

	venile in the above-mentione	·	•	:		
	EMPLOYER:					
ADDRESS	OF EMPLOYMENT:					
EARNING:	S (WEEKLY/MONTHLY):					
II.	ADDITIONAL DEPEND	ENTS				
AGE		RELATION TO RES				
III.	TOTAL MONTHLY EXP	ENSES				
RENT/MORTGAGE		RESPONSIBLE PARTY 1		RESPONSIBLE PARTY 2		
	S (ELEC./GAS/WATER)					
	FOOD EXPENSES					
TRANSP PAYMEI	ORTATION COSTS (CAR					
-	ORTATION COSTS (FUEL)					
	E INSURANCE					
CELL/HOME PHONE						
MEDICA INSURA	AL EXPENSES/HEALTH NCE					
MINIMU	JM MONTHLY CREDIT					
	AYMENT					
TOTALS	:					
	ve no ability to obtain credit an attorney to represent thi correct.			=		
Date this	s day of		, 20	, 20, at Boerne, Kendall County Texas.		
Responsible Party 1			. <u>————————————————————————————————————</u>	Responsible Party 2		