

Kaufman County Affidavit of Indigence

CPS

I understand that I must answer these questions truthfully and that the information I provide will be verified by an investigator designated by the court. If it is found that I have provided false or misleading information, I can be charged with the felony offense of AGGRAVATED PERJURY (Texas Penal Code 37.03) and/or TAMPERING WITH A GOVERNMENT DOCUMENT (Texas Penal Code 37.10). Each offense is punishable by up to 10 years in prison and a \$10,000 fine. Knowing this, I affirm the following to be true.

Parent/Guardian's Personal Information

Name _____

Phone Number _____

Address _____

City, State, Zip _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State Issued _____

Date of Birth _____

Spouse's Name _____

Spouse's Phone Number _____

History of Parent/Guardian

Are you currently, or have you ever been, treated for mental illness? Yes _____ No _____

If yes, what form of mental illness? _____

Do you have an application pending at a mental health facility? Yes _____ No _____

Are you currently in jail? Yes _____ No _____ Name of Institution _____

Do you need the services of an interpreter? Yes _____ No _____ If yes, what language _____

Dependent Information

1. Name: _____ Age: _____ Relation: _____

2. Name: _____ Age: _____ Relation: _____

3. Name: _____ Age: _____ Relation: _____

4. Name: _____ Age: _____ Relation: _____

5. Name: _____ Age: _____ Relation: _____

6. Name: _____ Age: _____ Relation: _____

Relatives or Close Friends

- 1. Name _____
Address _____
City, State, Zip _____
Phone Number _____
Relation _____
- 2. Name _____
Address _____
City, State, Zip _____
Phone Number _____
Relation _____

Parent/Guardian's Employer Information

Employer _____
Phone Number _____
Supervisor _____
Job Title _____
Hours Worked: Per Week _____ Per Month _____
Pay Rate _____ Date Started _____
Spouse's Employer _____
Phone Number _____
Supervisor _____
Job Title _____
Hours Worked: Per Week _____ Per Month _____
Pay Rate _____ Date Started _____

Parent/Guardian's Financial Information

If you currently receive any public assistance, circle all that apply and list the amount of assistance under monthly income in the boxes below.

Food Stamps Medicaid/Medicare/CHIPS Public Housing TANF SSI

Other public assistance not included (please list) _____

Expenses	Monthly Amount	Income	Monthly Amount
Rent or Mortgage		Net Pay	
Auto Payment		Spouse's Net Pay	
Auto Insurance		Tips	
Home Insurance		Food Stamps	
Life Insurance		Rental Income	
Health Insurance		Pension Payments	
Child Care		Unemployment	
Child Support		SSI	
Water		Child Support	
Gas		TANF	
Telephone		Social Security	
Electricity		Medicaid/Medicare	
Food		Misc Public Assistance	
Medical		Cash/Gifts	
Credit Cards		Public Housing	
Cable/Internet		Alimony	
Loans		Settlement	
Other		Other	
Total:		Total:	

Do you have any cash and/or money in savings or checking accounts? Yes/Total Amount \$ _____ No _____

Do you own any valuable property? Yes _____ No _____

If yes, list the item(s) owned and values: Property _____ Value \$ _____

Verification Agreement

I, _____ (Name) authorize _____ (Name of employer or institution) to release my employment and/or financial information to a representative of the Kaufman County Court.

On this day, I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for the respondent. By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true. I also understand that a court official can verify any of the information for accuracy as required to determine my eligibility. I further understand that if I knowingly submit any incorrect or false information, or if I knowingly fail to submit any information, I will be denied appointment of counsel and may be subject to criminal prosecution for perjury.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

This section to be completed by court personnel only.

This Parent/Guardian is/is not indigent.

Signature of Judge or Court Designee

Cause No: _____

Acknowledgment of Conditions for Appointment of Attorney for Indigent Parent

I, _____ acknowledge that failure to maintain contact with court-appointed counsel or failure to attend statutorily-required hearings may result in findings by the Court that include but are not limited to the following:

1. Consent to removal of court-appointed counsel;
2. Consent to appointment of the Texas Department of Family and Protective Services temporary managing conservatorship of the child or children the subject of this suit;
3. Consent to withdraw any discovery requests or request for jury trial;
4. Consent to allow the Petitioner, Texas Department of Family and Protective Services, to proceed to a final hearing which may result in the termination of my parental rights.

By signing this acknowledgment, I have read and understand the information set out in this document.

Name: _____

Address: _____

Phone: _____

Date: _____

Signature: _____