

IN THE SEPARATE JUVENILE COURT OF LANCASTER COUNTY, NEBRASKA

THE STATE OF NEBRASKA
IN THE INTEREST OF

REQUEST FOR COURT APPOINTED COUNSEL

Jvl. Doc.

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JUVENILE(S)

I cannot afford to hire an attorney and hereby request the Court appoint a lawyer to represent (please select ONE)
____ Juvenile OR ____ Parent

In support of the request, I submit the following financial statement of property, earnings and expenses:

I. PERSONAL INFORMATION

Full Name: _____

Address: _____ City _____ State _____ Zip _____

Primary phone: _____ Other phone: _____

Email address: _____

Name of Employer: _____

Gross monthly income: \$ _____

Number of children I support including the juvenile(s) above: _____

II. PRESUMPTIVE ELIGIBILITY

I currently receive the following forms of assistance:

- | | | | |
|----|--|-----------|----------|
| A. | ADC/Aid to Dependent Children | Yes _____ | No _____ |
| B. | AABD/Aid to Aged, Blind and Disabled | Yes _____ | No _____ |
| C. | SNAP/Food Stamps | Yes _____ | No _____ |
| D. | Medicaid | Yes _____ | No _____ |
| E. | Child Care Subsidy | Yes _____ | No _____ |
| F. | NE State Disability Program | Yes _____ | No _____ |
| G. | LIHEAP/Low Income Home Energy Assistance | Yes _____ | No _____ |
| H. | SSAD/Social Services for Aged and Disabled | Yes _____ | No _____ |
| I. | Refugee Resettlement Program | Yes _____ | No _____ |
| J. | Free or Reduced School Lunch Program | Yes _____ | No _____ |
| K. | Unemployment Benefits | Yes _____ | No _____ |
| L. | Worker's Compensation Benefits | Yes _____ | No _____ |
| M. | Housing Assistance | Yes _____ | No _____ |

If you answered 'Yes' to any of the above, STOP HERE and go to Section VI. Otherwise, go on to Section III.

III. MONTHLY INCOME

A.	Monthly take home pay from job	\$ _____
B.	Monthly Interest and Dividend income	\$ _____
C.	Monthly Rental income	\$ _____
D.	Monthly Pension, Annuity, Social Security income	\$ _____
E.	Monthly Child Support received	\$ _____
F.	Other types of income	\$ _____
TOTAL MONTHLY INCOME (Total of A through F)		\$ _____

IV. LIQUID ASSETS

A.	Checking, Savings, Money Market Accounts	\$ _____
B.	Stocks, Bonds, CDs	\$ _____
C.	Cash on hand or other liquid assets	\$ _____
TOTAL LIQUID ASSETS (Total of A through C)		\$ _____

V. MONTHLY EXPENSES

A.	Rent or Mortgage	\$ _____
B.	Utilities (Electric, Gas and Water)	\$ _____
C.	Food	\$ _____
D.	Child Care	\$ _____
E.	Health Care	\$ _____
F.	Vehicle Payment	\$ _____
G.	Child Support Obligation	\$ _____
TOTAL MONTHLY EXPENSES (Total of A through G)		\$ _____

VI. AFFIDAVIT OF INDIGENCY - PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

The foregoing financial statement is a complete disclosure of my income, expenses, assets and debt as of the date of my signature. I understand if the information provided changes or needs to be updated that I have a duty to provide the correct or updated information to the Court. I understand that I may be required to resubmit a financial statement periodically as ordered by the Court. If counsel is appointed and my financial situation changes, I understand that I may be ordered to reimburse Lancaster County for the services of appointed counsel. I understand that failure to maintain contact with my attorney may result in such counsel being discharged by the Court.

Signature of Applicant

Date

Relationship to Juvenile(s)