Print Form

DEPENDENCY-NEGLECT AFFADAVIDT OF INDIGENCY

Parent/Guardian Name:_____ Case No. J_____

Employment: Are you currently employed ❑ Yes ❑ No?
If yes, name employer _____ and indicate your take home pay $_____
❑ per week ❑ 2 weeks ❑ month?

Marital Status: ❑ Single ❑ Married ❑ Separated ❑ Divorced
If married and not separated, is your spouse employed ❑ Yes ❑ No?
If yes, name employer _____ and indicated his/her take home pay $_____
❑ per week ❑ 2 weeks ❑ month?

Provide names, ages, and relationship of all the people who live in your home and for whom you provide support:

Name	Relationship	Age

Household Assets: If you or anyone in the house has cash on hand or money in an account list the amount:
Cash$_____ Checking Account$_____ Savings Account$_____

Other Income Sources: List the amount of money that you or anyone living in the house currently receives from other sources:
TEA $_____**Food Stamps** $_____ **Unemployment Compensation** $_____
Social Security or SSI $_____ **Child Support** $_____ ❑ twice a month ❑monthly
Rental Property $_____ **Pensions or Retirement** $_____ **Gifts/Inheritances** $_____
Workers Compensation or Disability $_____❑ twice a month ❑ monthly
Other $_____

Monthly Average Expenses:
❑**Rent** ❑**Mortgage** $_____ **Food$**_____ **Utilities$**_____
Day Care $_____ **Child Support** $_____❑ twice a month ❑monthly
Clothing $_____ **Medical Expenses** $_____ **Transportation** (gas, bus) $_____
Total Vehicle Payments (car, van, motorcycle..) $_____ **Total Insurance** (medical, property, vehicle, life..)$_____ **Credit Cards** $_____
Total Monthly Expenses$_____

I understand that a false statement or answer to any question may subject me to prosecution for perjury with possible punishment and I state under oath that this information is true and correct to the best of my knowledge and recollection. I will report immediately any change in my financial condition to the court and my attorney.

_____ _____
Parent/ Guardian Signature **Date**

Subscribed and sworn before me this _____ day of _____ 200 _____.

MY COMMISSION EXPIRES: _____ _____
Notary Public Signature