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IN THE JUVENILE COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

PLEASE PRINT LEGIBLY

IN THE MATTER OF _____) Legal # _____
_____) Charges _____
_____) _____
_____,) _____
Child _____) Approve _____ Deny _____
_____)
STATE OF OREGON) AFFIDAVIT OF INDIGENCY / REQUEST FOR
) COURT APPOINTED ATTORNEY /
) AGREEMENT TO REPAY
County of _____)

I, the undersigned, being duly sworn, say I am the parent/guardian of the youth in the above case. I am asking for appointment of an attorney to represent _____ in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my family. The following information is true and I ask the Court to use the information to decide whether I can have an attorney and payment of other costs at public expense. I understand that if I don't tell the truth, I may be charged with perjury or false swearing and, if convicted, I may be imprisoned. I am providing my social security number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for failing to provide it.

1 It may be used to verify my identification, credit and employment information, used for
2 collections purposes, or for any court-imposed monetary obligation.

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I. BASIC FACTS AND HOUSEHOLD INFORMATION:

(Parent/Guardian)

Full Name _____ Date of Birth _____

Address _____ Telephone _____

Mailing Address _____ SSN _____

Sex ____ Single ____ Married ____ Separated ____ Divorced ____ Divorce Filed ____

Renting ____ Buying ____ Mobile Home _____

If buying, estimated value \$ _____ Amount Owed \$ _____ Owner Name _____

Who else lives there? (Include children, spouse, other family members, roommates. List name,
date of birth, relationship and gross/net monthly income of each): • None

1 Children living **outside** your home for whom you **must pay Court ordered child support:**

- 2 • None
3

4 _____
5 _____

6
7 **II. INCOME:**

8 Are you employed? Yes ___ No ___ If not, how are you supported? _____

9 List your employment for the last 2 years:

10	<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>	<u>Monthly Income</u>
11	NET			

12
13 _____
14 _____

15
16 List spouse's employment for the last 2 years:

- 17 • None

18	<u>Source</u>	<u>Monthly Income - NET</u>
19	_____	

20
21 _____

22 **List all sources of income** for your family such as *retirement, alimony, child support, public*
23 *assistance, worker's compensation, disability, food stamps, social security, etc.:*

24 Source: _____ Monthly Amount: \$ _____

25 Source: _____ Monthly Amount: \$ _____

- 26 • None
27

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1 **III. REAL ESTATE:**

2 Description: Balance Owed Equity

3

4

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6 **AUTOMOBILES & OTHER MOTOR VEHICLES**, owned by you and your spouse:

6

7 • None

7

8 Make & Year What it is worth Amount Owed

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14 **BANK ACCOUNTS OR CASH**, owned by you and your spouse:

14

15 • None

15

16 Bank/Branch Balance Cash

16

17

18

19

20

21 **ALL OTHER PROPERTY OR ASSETS**, (stocks, bonds, guns, boats, jewelry):

21

22 • None

22

23 Item What it is worth Amount Owed

23

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1 **IV. DEBTS:**

2 • None

<u>Creditor</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>	<u>Last Paid</u>
<hr/>			
<hr/>			

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8 **MONTHLY EXPENSES:**

9 • None

<u>Whom</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
<hr/>		
<hr/>		
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16 *If I get a Court Appointed Attorney, I agree to pay the Court back for reasonable attorney fees*
17 *and costs paid in my defense, as ordered by the Court. I understand that the information on*
18 *this form may be given to the District Attorney's Office.*

19

20

21 Date _____
(Parent/Legal Guardian)

22

23

24

Subscribed and Sworn to before me this _____ day of _____, _____.

25

26

Clerk / Notary / Judge

27

My commission expires: _____

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_____ is hereby appointed to represent _____

Dated this _____ day of _____, _____.

Circuit Court Judge Pro Tem