

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT

In the Matter of: _____ Case No: _____

PARENTS' FINANCIAL DECLARATION TO DETERMINE ELIGIBILITY FOR A COURT APPOINTED ATTORNEY

Mother Father Other (explain) _____

INSTRUCTIONS: Complete this form with information about your financial circumstances, so that the Court can decide if you can afford to pay an attorney in your court case, or if an attorney should be appointed for you by the Court. If the Court appoints an attorney you might be ordered to pay some of the cost of the lawyer. You may also hire your own lawyer at your own expense, but you must do so BEFORE the Court Conference and Hearing date indicated on the Notice from the Court.

BRING THIS FORM WITH YOU TO COURT.

GENERAL INFORMATION:

1. Name: _____ Phone #: _____
2. Relationship to the Other Parent: Now Married Divorced Never Married
 Other (explain): _____
3. How much can you afford to pay monthly for lawyer fees? _____

INCOME:

1. Are you now receiving financial assistance, such as Temporary Assistance to Needy Families (TANF), food stamps, social security disability (SSI), from any government agency?
 No Yes If so, what type of government benefits? _____
2. Occupation: _____
3. Employer: _____ How long: _____

INCOME	Monthly	ASSETS	Total Value (minus amount owed)
Employment Income:		Cash you have:	
Child/Spousal Support Income:		Home:	
Benefits Income:		Automobile/Car:	
Additional Income:		Additional Assets:	
Monthly Income Total:		Total Assets:	

EXPENSES:

SUPPORT OBLIGATIONS	Monthly	HOUSEHOLD/AUTO	Monthly
Child/Spousal Support:		Rent/Mortgage:	
Child Care:		Utilities:	
Medical Expenses:		Auto/Insurance/Gas:	
Additional Expenses:		Additional Expenses:	
Monthly Support Total:		Total Expenses:	

HOW MANY PERSONS ARE YOU SUPPORTING? _____

I declare under penalty of perjury that the foregoing is true and correct. I understand that the Court may require me to provide further details about my financial circumstances in order to assess my ability to pay for costs of attorney services.

Signature: _____ Date: _____
Print Name: _____ Address: _____