

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: \_\_\_\_\_

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	\$ _____
	<b>TOTAL MONTHLY INCOME (Total of A through F)</b>	<b>\$ _____</b>

**IV. LIQUID ASSETS**

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

**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	\$ _____
	<b>TOTAL MONTHLY EXPENSES (Total of A through G)</b>	<b>\$ _____</b>

**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)**