

**NOTICE: THIS DOCUMENT
CONTAINS SENSITIVE DATA.**

No. _____

IN THE INTEREST OF

IN THE _____

_____ COURT

CHILD(REN)

_____ COUNTY, TEXAS

**STATEMENT OF PROCEDURES – APPOINTMENT OF COUNSEL
FOR INDIGENT PARENTS PER §107.013, TEXAS FAMILY CODE**

“In a suit filed by a governmental entity requesting temporary managing conservatorship of a child, the court shall appoint an attorney ad litem to represent the interest of an indigent parent of the child who responds in opposition to the suit.” §107.013(c), Texas Family Code

This will certify that on this ____ day of _____, 20__, the following procedures for appointment of counsel for indigent parents was presented to the Respondent Parent named below.

1. You may hire your own attorney if you desire. If you cannot afford an attorney, you may request the Court to appoint an attorney for you.
2. If you request the Court to appoint an attorney for you, you must complete a written Affidavit of Indigence and Request for Court-Appointed Attorney under oath, concerning your property, income, and expenses. The Affidavit of Indigence and Request for Court-Appointed Attorney and a Pre-Trial Scheduling Order are delivered to you along with this Statement.
3. The Affidavit of Indigence and Request for Court-Appointed Attorney must demonstrate you are indigent and unable to afford to hire an attorney to represent you.
4. The Affidavit of Indigence and Request for Court-Appointed Attorney only must be completed and delivered to the District Clerk of this Court for filing. The District Clerk will in turn forward it to the Judge presiding in this case. The Court cannot appoint an attorney for you if you do not complete and file the notarized Affidavit of Indigence and Request for Court-Appointed Attorney.
5. The Court will then determine if you are entitled to Court-appointed counsel to represent you in this matter and, if so, will appoint an attorney for you.
6. If an attorney is appointed to represent you, you will be given the attorney’s name, address, and telephone number.
7. If an attorney is appointed to represent you, you must contact the attorney or the attorney’s office within ten (10) business days from your receipt of the information listed in Item 6 above. The attorney will also try to contact you within that time so please be sure your name, current address, and telephone number(s) are correct.
8. You will be advised within a reasonable time if your request for court-appointed counsel is denied by the Court.

The undersigned Respondent Parent acknowledges receipt of this Statement of Procedures and the Affidavit of Indigence and Request for Court-Appointed Attorney on this ____ day of _____, 20__.

Respondent Parent

This section to be filled out by Court Personnel

No. _____

IN THE INTEREST OF

IN THE _____

_____ COURT

CHILD(REN)

_____ COUNTY, TEXAS

AFFIDAVIT OF INDIGENCY AND REQUEST FOR APPOINTMENT OF COUNSEL

TO THE HONORABLE JUDGE OF SAID COURT:

My name is _____. I am a Respondent Parent in the above styled and numbered cause. My financial situation is such that I cannot hire an attorney. I do not have the funds on hand to retain an attorney, nor can I borrow the funds necessary to hire a lawyer. I have insufficient assets and I cannot borrow the money from friends and relatives to hire an attorney. My work and family situations are such that I do not have the money to hire an attorney. I do not expect these situations to change in the foreseeable future. (All information must be completed by the Respondent Parent and must be current, accurate, and true.) (The items applicable to the undersigned are checked, and the information called for is furnished under penalties of perjury.)

The Court ORDERS that each mother, biological father, presumed father, and alleged father of any child the subject of this suit provide the following information:

Full Name: _____ Phone Number _____

Current Address: _____ City _____ Zip _____

Email Address (please print legibly): _____

Length of Residence in Texas: _____ Prior Residence: _____

Date of Birth: _____ Driver's License No.: _____ Primary Language Spoken: _____

Member of Indian Tribe: **circle-YES / NO**. If **YES**, INDICATE TRIBE: _____

Marital Status: **circle-Married / Single / Divorced** Spouse's Name: _____

Spouse's Current or Last Known Address: _____

FOR FATHERS: LIST THE NAME OF EACH CHILD and place a check beside the sentence that applies:

1 _____
_____ I acknowledge that I am the biological father of this child.
_____ I deny that I am the biological father of this child.
_____ I request paternity testing.

2 _____
_____ I acknowledge that I am the biological father of this child.
_____ I deny that I am the biological father of this child.
_____ I request paternity testing.

3 _____
_____ I acknowledge that I am the biological father of this child.
_____ I deny that I am the biological father of this child.
_____ I request paternity testing.

4 _____
_____ I acknowledge that I am the biological father of this child.
_____ I deny that I am the biological father of this child.
_____ I request paternity testing.

IDENTITY OF RELATIVES WHO YOU WANT TO BE CONSIDERED FOR POSSIBLE PLACEMENT OF CHILDREN:

NAME RELATIONSHIP TO CHILD ADDRESS TELEPHONE NO.

Other Cases Involving Children (e.g. divorce, child support cases, etc.): _____

Respondent's Personal Information

Employer Information

Employer _____

Phone Number _____

Supervisor's Name _____

Street Address _____

City, State, Zip _____

Hours worked _____ per week _____ per month

Pay rate _____

Spouse's Employer Information

Employer _____

Phone Number _____

Supervisor's Name _____

Street Address _____

City, State, Zip _____

Hours worked _____ per week _____ per month

Pay rate _____

If unemployed, list:

Length of time unemployed _____

Name of previous employer _____

Street Address of previous employer: _____

City, State, Zip _____

Respondent's Financial Information

Public Assistance

Are you currently receiving (check all that apply)
 Food Stamps
 Medicaid
 Public housing
 Temporary Assistance to Needy Families (TANF)
 Supplemental Security Income (SSI)

Expenses (Monthly)

	Monthly Payment
Rent or Mortgage Payment	_____
Car Payment	_____
Insurance (Life, Health, Car, Homeowners, etc.)	_____
Child Care	_____
Child Support	_____
Water	_____
Gas	_____
Telephone	_____
Electricity	_____
Food	_____
Clothes	_____
Medical	_____
Cable TV or Satellite TV	_____
Pager	_____
Cell Phone	_____
Loan and Debt Payments	_____
Outstanding Loans (List type of Loans)	_____
_____	_____
_____	_____
_____	_____
Credit Card Debt (list name of cards)	_____
Balance: _____	_____
Balance: _____	_____
Balance: _____	_____
Other Monthly Expenditures (Describe)	_____
_____	_____
_____	_____
TOTAL MONTHLY EXPENSES	_____

Income (Monthly)

**Monthly
Amount**

Take Home Pay	_____
Spouse's Take Home Pay	_____
Investment Income	_____
Stock Dividend	_____
Bond Dividend	_____
Rental Income	_____
Pension Payments	_____
Unemployment	_____
Social Security Benefits	_____
Child Support	_____
Public Assistance	_____
TANF	_____
SSI	_____
Medicaid	_____
Other	_____
Cash Gifts	_____
Other (Describe)	_____
_____	_____
TOTAL GROSS	_____
MONTHLY INCOME	_____

Assets	Value																				
A. Place of Residence _____ Rent _____ Own _____ Describe if house, condominium, apartment, other: _____	\$ _____																				
B. Real Property Owned; Description/Location: _____	\$ _____																				
C. Automobile(s) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Make</td> <td style="width: 30%; text-align: center;">Model</td> <td style="width: 30%; text-align: center;">Year</td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Make	Model	Year		_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____					
Make	Model	Year																			
_____	_____	_____	\$ _____																		
_____	_____	_____	\$ _____																		
_____	_____	_____	\$ _____																		
D. Stock and Bonds (provide description) _____ _____ _____	\$ _____ \$ _____ \$ _____																				
E. Other Property (list all jewelry, equipment, watercrafts, etc.) _____ _____ _____	\$ _____ \$ _____ \$ _____																				
F. Bank Accounts <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Bank Name</td> <td style="width: 30%;">Type of Account</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Balance</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Bank Name	Type of Account		Balance	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	
Bank Name	Type of Account		Balance																		
_____	_____	_____	\$ _____																		
_____	_____	_____	\$ _____																		
_____	_____	_____	\$ _____																		
_____	_____	_____	\$ _____																		
G. Other Assets (Identify) _____ _____	Value _____																				
ASSETS TOTAL VALUE	\$ _____																				

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

_____	_____
_____	_____
_____	_____

On this the _____ day of _____, 20____, at _____ o'clock (a.m.)(p.m.) I have been advised of my right to representation by counsel in this suit. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

Respondent's Signature

PARENTS:

FOR POTTER, ARMSTRONG, BAILEY, BRISCOE, CHILDRESS, FLOYD, HALL, MOTLEY, OLDHAM, AND PARMER COUNTIES:
RETURN THIS COMPLETED FORM TO THE HIGH PLAINS CHILD PROTECTION COURT LOCATED AT THE POTTER COUNTY COURTS BUILDING, 350 SE 6TH, STE 2A, AMARILLO, TEXAS 79101, VIA FAX: (806) 379-2427 OR EMAIL TO: RACHEL.CADY@TXCOURTS.GOV.

FOR RANDALL, CARSON, COLLINGSWORTH, DALLAM, DEAF SMITH, DONLEY, GRAY, HARTLEY, HEMPHILL, LIPSCOMB, ROBERTS, SHERMAN, AND WHEELER COUNTIES:
RETURN THIS COMPLETED FORM TO THE NORTHERN PANHANDLE CHILD PROTECTION COURT LOCATED AT THE RANDALL COUNTY ANNEX, 4320 S. WESTERN, STE 106, AMARILLO, TEXAS 79109, OR EMAIL TO: BRITTNI.FORBIS@TXCOURTS.GOV.