

DEPENDENCY-NEGLECT AFFIDAVIT 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** \$ _____ weekly 2Xmonth 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