IN THE JUVENILE COURT OF GREENE COUNTY, MISSOURI

IN THE INTEREST OF:)

_____)

DOB:)

A child under)
seventeen years of age)

Please return this form to

_____

1111 North Robberson
Springfield, MO 65802

CASE NO. _____

APPLICATION FOR LEGAL ASSISTANCE

PLEASE <u>PRINT</u> ANSWERS TO ALL INFORMATION REQUESTED BELOW

NAME:_____ SOC SEC #_____ PHONE:_____

ADDRESS:_____
(Street, Route, or PO Box) (City) (State) (Zip)

Email: _____

DOB_____ SEX____ RACE_____ MARITAL STATUS_____ COUNTY_____

SPOUSE_____ NUMBER OF CHILDREN AT HOME UNDER 18_____

ARE YOU EMPLOYED? Yes____ No____ MONTHLY SALARY BEFORE DEDUCTIONS $_____

DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE: AFDC $_____ VA$_____

SSI $_____ SS DISABILITY $_____ RETIREMENT $_____ OTHER: $_____

TOTAL AMOUNT OF MONTHLY INCOME IN YOUR HOUSEHOLD $_____

NUMBER OF MOTOR VEHICLES _____ VALUE OF MOTOR VEHICLES $_____

OWED ON MOTOR VEHICLES $_____ DO YOU OWN REAL ESTATE Yes __ No __

a. House Value $_____ Owed on House $_____
b. Acreage Value $_____ Owed on Acreage $_____
c. Mobile Home Value $_____ Owed on Mobile Home $_____

DO YOU HAVE ANY BANK OR SAVINGS AND LOAN ACCOUTS? Yes ___ No ___

a. Checking Account Balance $_____
b. Savings Account Balance $_____
c. Certificate of Deposit Amount $_____

REASON FOR REQUESTING LEGAL COUNSEL

_____

_____

_____

_____

_____

_____

_____

I state that all information provided by me on this application is true and correct.

I understand and agree that: (1) legal counsel may be denied or terminated if I provide any false information on this application and that the costs for any legal services provided may be assessed against me; (2) I must notify both the Juvenile Court and my attorney of any change in address, telephone number, or financial status within 96 hours of the change; (3) the appointment of legal counsel applies only to the matter pending at this time; and, (4), I must reapply for new counsel in the event that a petition to terminate parental rights is filed or if an appeal is filed.

I further understand and agree that my legal counsel will be discharged and I will need to personally appear in court to request that new counsel be appointed if, absent good cause shown: (1) I fail to attend any court hearing; (2) I fail to attend any family support team meeting; (3) I fail to stay in contact with my attorney; (4) I fail to notify both the Juvenile Court and my attorney of any change in address or telephone number within 96 hours of changing my address or telephone number; or, (5) I fail to notify the Juvenile Court and my attorney of any change in my financial status within 96 hours of the change in status.

_____ _____

Date Name

*** **JUVENILE OFFICE USE ONLY*****

Yes _____ No _____ Below Poverty Level

If above, _____ % above

Yes _____ No _____ Referral to Legal Services made

Appointment of Legal Counsel is _____ _____

Approved Denied

_____ _____

Date Judge