

IN THE JUVENILE COURT OF TANEY COUNTY, MISSOURI

IN THE INTEREST OF: _____ DOB: _____

CASE NUMBER: _____ *A child/children under 18 years of age*

You have the right to have an attorney represent you in the case listed above. If you cannot afford an attorney, you may complete this form to determine if you qualify to have an attorney appointed for you. **All questions must be answered** (leave no blanks) and applications may be denied if incomplete.

Return the application to the Taney County Juvenile Office at 266 Main Street, Forsyth MO 65653 or via mail to P O Box 482, Forsyth MO 65653.

APPLICATION FOR LEGAL ASSISTANCE

(PLEASE PRINT ANSWERS TO ALL INFORMATION REQUESTED BELOW)

NAME _____ PHONE _____ SSN# _____

ADDRESS _____

EMAIL ADDRESS _____ DOB _____ SEX _____

MARITAL STATUS _____ COUNTY OF RESIDENCE _____

EMPLOYER _____ GROSS MONTHLY SALARY\$ _____

SPOUSE'S NAME _____ # OF CHILDREN AT HOME TODAY _____

SPOUSE'S EMPLOYER _____ GROSS MONTHLY SALARY\$ _____

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

SS DISABILITY \$ _____ RETIREMENT \$ _____ OTHER INCOME \$ _____

NO. OF VEHICLES _____ VALUE OF VEHICLES \$ _____ OWED ON VEHICLES \$ _____

DO YOU OWN: HOUSE _____ VALUE \$ _____ AMOUNT OWED ON HOUSE \$ _____

LAND _____ VALUE \$ _____ AMOUNT OWED ON LAND \$ _____

MOBILE HOME _____ VALUE \$ _____ AMOUNT OWED ON HOME \$ _____

BANK ACCOUNT INFORMATION: CHECKING ACCT BALANCE \$ _____

SAVINGS ACCT BALANCE \$ _____

CD'S/STOCKS/OTHER \$ _____

REASON FOR REQUESTING LEGAL COUNSEL (WHAT DO YOU WANT AN ATTORNEY TO DO FOR YOU—USE BACK OF FORM IF NECESSARY)



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I STATE THAT ALL THE 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 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 4 DAYS 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 4 DAYS 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 4 DAYS OF THE CHANGE IN STATUS.

DATE _____ SIGNATURE _____