

IN THE JUVENILE COURT OF TANEY COUNTY, MISSOURI

IN THE INTEREST OF: _____ DOB: _____

CASE NUMBER: _____ *A child/children under 17 years of age*

APPLICATION FOR LEGAL ASSISTANCE

(PLEASE PRINT ANSWERS TO ALL INFORMATION REQUESTED BELOW)

NAME _____ PHONE _____ SSN# _____

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 ACKNOWLEDGE AND UNDERSTAND THAT IF I PROVIDE ANY FALSE INFORMATION ON THIS APPLICATION THAT LEGAL ASSISTANCE MAY BE DENIED OR TERMINATED, AND THAT THE COSTS FOR ANY SERVICES PROVIDED MAY BE ASSESSED AGAINST ME.

DATE _____ SIGNATURE _____

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 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.