

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PIMA

JUVENILE COURT

In the matter of:



Juvenile No. _____

A Person(s) under the
age of eighteen years

AFFIDAVIT OF FINANCIAL STATUS

I _____, being first duly sworn, upon oath, deposes and says:

That the following information is being furnished for the purpose of assisting the Court to determine whether or not the above named minor(s) and/or his/her parents are entitled to Court Appointed Counsel, and to determine the amount of Court and Administrative Fees. Disclosure of your Social Security number is voluntary. It may be used for future collection activities for any unpaid financial obligation assessed/ordered by this Court per statute.

Full Name: _____ Date of Birth: _____

Dr. Lic#: _____ SS#: _____ Tele#: _____

Address: _____ City: _____ St.: _____ Zip: _____

Mailing Address: _____ City: _____ St.: _____ Zip: _____

Age: _____ Marital Status: _____

Other than yourself, how many people do you support in your household? _____

Children: _____ Ages: _____ Adults: _____ Ages: _____

() Employed: () Full-Time () Part-Time () Unemployed () Student () Other

Employer: _____ Tele#: _____

Address: _____ Contact: _____

Spouse's Name: _____ Dr Lic#: _____ SS#: _____

Spouse's Employer: _____ Tele#: _____

Address: _____ Contact: _____

Contact: (Supply Two References: Name, Address, Telephone Number)

TOTAL MONTHLY INCOME: (Must report all Household Income)

Your Monthly Gross Income: _____ Net Income: _____

Spouse's Monthly Gross Income: _____ Net Income: _____

Other Monthly Income: _____

Public Assistance: _____

(List Programs)

***TOTAL MONTHLY GROSS INCOME:** _____ **TOTAL MONTHLY NET INCOME:** \$ _____

MONTHLY PAYMENTS: (List only those you are currently paying)

Total Rent/Mortgage Payments: _____

Whom do you pay: _____

Account Number: _____

Address: _____

Utilities: Gas _____ Electric _____ Water _____ _____

Telephone _____ Other _____

Insurance: Auto _____ Life _____ _____

Other _____

Vehicle Payments _____

Whom do you pay _____

Lic Pl# _____ Yr _____ Make _____ Model _____

Medical Expenses _____

Child Support _____ Child Care _____ Alimony _____

Credit Cards _____

Loans _____

Other Monthly Payments, (List) _____

Grocery Expenses (food etc). _____

***TOTAL MONTHLY PAYMENTS** \$ _____

ASSETS

Amount of Cash available on hand _____

Checking Account (Average Balance) _____

Bank _____ Acct# _____

Savings Account _____

Bank _____ Acct# _____

Life Insurance (Cash Value) _____

Net Real Estate (Value less amount owed) _____

Automobiles, Recreational Vehicles or other forms of transportation _____

Stocks, Bonds, CD's, Other redeemable paper, _____

Furniture, Collectibles, guns, jewelry _____

Other _____

***TOTAL AMOUNTY OF ASSETS** \$ _____

OATH UNDER PENALTY OF PERJURY: I have truthfully given the information which appears in this statement I have not knowingly concealed, or in any way misrepresented my financial resources. I am aware that I can be held in Contempt of Court or prosecuted for perjury if I have made any false statement or misrepresentation or concealment . Also, that I can be prosecuted for theft if I obtain said means by false statements, misrepresentation, or concealment, or if I have materially changed without notifying the Courts and that in any such case this application may be used against me.

I will notify the Court of any change in my address, financial resources, employment, cash income, or any of the other items listed in the application within 5 days of or said change.

SIGNATURE OF PARENT GUARDIAN