

IN THE JUVENILE COURT OF GREENE COUNTY, MISSOURI

IN THE INTEREST OF:

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Please return this form to

1111 North Robberson
Springfield, MO 65802

DOB: _____

CASE NO. _____

A child under
seventeen years of age

APPLICATION FOR LEGAL ASSISTANCE

PLEASE PRINT ANSWERS TO ALL INFORMATION REQUESTED BELOW

NAME: _____ SOC SEC # _____ PHONE: _____

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

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