

**AFFIDAVIT OF SUBSTANTIAL
HARDSHIP AND ORDER
(Request for Court-Appointed Attorney and/or
Waiver of Fees)**

Court Case Number

IN THE JUVENILE COURT OF _____, ALABAMA
(Name of County)

In the Matter of _____, a child OR
_____ v. _____

I am the

- Accused
- Parent, Guardian, or Custodian of the Child
- Parent in the Juvenile Dependency/Termination-of-Parental-Rights Case
- Petitioner in the Juvenile Dependency/Termination-of-Parental-Rights Case

I, because of financial hardship, am unable to hire an attorney and request that the court appoint one for me or my child.

- I, because of financial hardship, am unable to pay the
 - filing fee for modification after dependency adjudication petition
 - filing fee for disabilities of nonage petition
 - filing fee for child-in-need-of-supervision, beyond-control-of-parent petition
 - filing fee for child-support action

AFFIDAVIT

1. IDENTIFICATION

Full Name _____ Date of Birth _____
 Spouse's Full Name (if married) _____
 Complete Home Address _____

 Total Number of People I am Supporting Financially in Household Including Myself _____
 Telephone Number (Cell) _____ (Home) _____ (Other) _____
 State & Last 4 Digits of Driver License's Number _____ Last 4 Digits of Social Security Number _____
 Employer's Name & Address _____ Employer's Telephone Number _____

2. ASSISTANCE BENEFITS

Some of the residents in my household or I receive benefits from any of the following sources (*check those which apply*)

Temporary Assistance for Needy Families (TANF) Food Stamps Medicaid
 Social Security Income (SSI) Disability Other: _____

The monthly value of these benefits combined is \$ _____.

3. INCOME/EXPENSE
STATEMENT

Monthly Gross Income:

My monthly gross income is \$ _____
 My spouse's monthly gross income (unless a marital offense) is \$ _____
 My other monthly earnings (commissions, bonuses, interest income, etc.) are \$ _____
 The combined monthly income received by other members of my household is \$ _____
 Monthly Unemployment / Worker's Compensation, Social Security, Retirements, etc. \$ _____
 Child Support Payment(s)/Alimony Received \$ _____
 Other Monthly Income (*be specific*): _____ \$ _____
 _____ \$ _____

3a. TOTAL MONTHLY GROSS INCOME

\$ _____

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The monthly expenses I pay are:

Rent/Mortgage	\$ _____
Total Utilities: Gas, Electricity, Water, etc.	\$ _____
Food	\$ _____
Clothing	\$ _____
Health Care/Medical Insurance	\$ _____
Car Payment(s)/Transportation Expenses	\$ _____
Loan Payment(s)	\$ _____
Credit Card Payment(s)	\$ _____
Educational/Employment Expenses	\$ _____
Cell Phone Costs	\$ _____
Other Expenses (<i>be specific</i>): _____	\$ _____

3b. Subtotal \$ _____

3c. Child Support Payment(s)/Alimony (Subtotal) \$ _____

3d. Exceptional Expenses (Subtotal) \$ _____

3e. TOTAL MONTHLY EXPENSES (Add totals from 3b, 3c., & 3d. monthly only) \$ _____

Total Monthly Gross Income (3a.) minus Total Monthly Expenses (3e.) \$ _____

4. Assets

My assets are as follows:

Cash on Hand/Bank (*or otherwise available such as stocks, bonds, certificates of deposit*) \$ _____

Equity in Real Estate (value of property less what you owe) \$ _____

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, TV, electronics, furnishing, jewelry, tools, guns, less what you owe) \$ _____

Other (*be specific*): _____ \$ _____

Do you own anything else of value? Yes No \$ _____

(land, house, boat, TV, stereo, jewelry) \$ _____

If so, describe: _____ \$ _____

Total Assets \$ _____

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel, in addition to all or part of the costs associated with this case.

Sworn to and subscribed before me this

_____ day of _____, _____

(Affiant's Signature)

(Signature of Officer Authorized to Administer Oaths/Notary Public)

(Print or Type Name)

(Notary Public Only: My Commission expires on _____ (Date)).

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The Court has considered the Affiant's testimony, his or her poverty level as measured by the United States poverty guidelines and the potential for substantial hardship that payment by the Affiant would cause. IT IS, THEREFORE, ORDERED AND ADJUDGED BY THE COURT AS FOLLOWS:

The request is DENIED.

- The Court finds that the Affiant is **NOT INDIGENT** pursuant to § 15-12-1, et seq., Ala. Code 1975.
- The case or situation is not one for which the request is applicable.
- Other (please specify): _____

The Affiant is INDIGENT. Further, the Affiant has the following income level based on the United States poverty guidelines:

at or below 125%; or
greater than 125% but less than 200%. However, the Court finds that not providing indigent defense services would cause the Affiant substantial hardship.

The prepayment of the following fees is to be waived or as set out above:

- filing fee for modification after dependency adjudication petition
- filing fee for disabilities of nonage petition
- filing fee for child-in-need-of-supervision, beyond-control-of-parent petition
- filing fee for child-support action

Other (please specify): _____

The request for appointment of counsel is GRANTED, and _____ is hereby
(name of attorney)
appointed as counsel to represent _____. (Name)

The Affiant is able to contribute monetarily toward payment of the fees of his or her appointed counsel and/or the fees and costs of this case. Therefore, the Affiant is **ordered to pay \$** _____ to the clerk of court for his or her appointed attorney and \$ _____ toward his or her fees and costs.

Other (please specify): _____

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and other expenses, fees, and costs.

Done this _____
(Date)

(Signature of _____, Judge)
(Printed Name)