

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY
JUVENILE COURT**

**CASE #: JD _____ REQUEST FOR REVIEW HEARING/
F# _____ APPOINTMENT OF ATTORNEY/
AND/OR INTERPRETER**

NAME(S) OF CHILD(REN):

last	first	middle	date of birth
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last	first	middle	date of birth
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last	first	middle	date of birth
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I am the ___ mother ___ father ___ guardian. My name is:

last	first	middle	social security #
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address	city	state	zip code
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home phone number	work phone number	message phone number
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I want (check all that apply):

_____ **a hearing within 5 court days to review temporary custody.**

_____ **an interpreter to assist me at court hearings.**

_____ **a court-appointed attorney.**

**If requesting a court-appointed attorney, you must also complete a
Financial Affidavit to Determine Eligibility for a Court-Appointed Attorney.**

signature

date

SUPERIOR COURT OF ARIZONA IN MARICOPA -- JUVENILE COURT

In the Matter of _____) Case No. _____
_____) **PARENT'S FINANCIAL AFFIDAVIT TO DETERMINE**
_____) **ELIGIBILITY FOR A COURT-APPOINTED ATTORNEY**

INSTRUCTIONS: Complete this form with information about your financial circumstances, so the Court can decide if you can afford to pay an attorney in your court case, or if an attorney should be appointed for you by the Court. If the Court appoints an attorney you might be ordered to pay some of the costs of the lawyer. You may also hire your own lawyer at your own expense, but you must do so BEFORE the Court Conference and Hearing date indicated on the Notice from the Court. **BRING THIS FORM WITH YOU TO COURT**

GENERAL INFORMATION:

1. Your Name: _____ Daytime Phone Number _____
Message Phone Number _____
2. Your Relationship to Children: Mother Father
 Other (explain) _____
3. Relationship to the Other Parent: Now Married Divorced Never Married
 Other (explain) _____
4. How much can you afford to pay monthly for lawyer fees? \$ _____

INCOME:

1. Are you now receiving welfare (TANF), low income disability assistance (SSI) YES NO
(If YES, bring papers to court proving the type of help you get; do not complete this form any further.)
2. Gross monthly income, from employment, without any deductions:
 \$ _____
 Name and address of employer: _____
3. Monthly amount received from child support and/or spousal support (alimony)
 \$ _____
 Name of person who pays this : _____
4. Monthly amount received from social security or other government benefits:
 \$ _____
 Source of government benefits (social security, etc.) _____
5. Other monthly amount received from any source :
 \$ _____
 Source of the income (pensions, trusts, etc..) _____

ASSETS:

1. Total fair market value of all assets:
 \$ _____
 Car: \$ _____ House (if you own) \$ _____
 Other valuables \$ _____ Explain: _____
2. Cash on hand or available to you now:
 \$ _____

SUPPORT OBLIGATIONS:

1. Amount of child support and/or spousal support you pay monthly
 \$ _____
 Name of person you pay: _____
2. How many persons live in your household that you are supporting? _____
3. How many other persons are you supporting? _____

HOUSEHOLD EXPENSES

1. Monthly cost for rent or mortgage and utilities: \$ _____
2. Monthly cost of car payments and insurance: \$ _____
3. Other monthly expenses (total) \$ _____
 - a. Payable to whom, and amount? _____
 - b. Payable to whom, and amount? _____

I affirm under penalty of perjury that I have completed this Financial Affidavit, and I have truthfully and completely provided information about my financial resources. I understand that the Court may require me to provide further details about my financial circumstances in order to assess my ability to pay for costs of attorney services.

Signature: _____ Date: _____
Name Printed: _____ Address: _____