AFFIDAVIT OF INABILITY TO EN CAUSE	IPLOY COUNSE E NO:		ITMENT	
THE STATE OF TEXAS	§		IN THE JUVENILE COURT	
VS.	§ OF			
M.B	§ DeWITT COUNTY, TEXAS			
BEFORE ME, the undersigned authority, on this d herein, who, after being by me duly sworn by pen parent/guardian of the child in the above entitle lawyer and request the court appoint a lawyer f my resources is true and correct":	alty of perjury, on d and numbered c	oath deposes and says as cause. I certify that I can	s follows : "I am the nnot afford to hire a	
Mother's Employer:	Employer's Address:			
Father's Employer:	Employer'sAddress:			
HOUSEHOLD INCOME: Mother's Take Home Pay: \$	Weekly \$	Bi-weekly \$	Monthly	
Father's Take Home Pay: \$ V	Weekly \$	Bi-weekly \$	Monthly	
GOVERNMENT BENEFITS: Food Stam	ps AFDC	WICSSI	_OTHER (Medicaid)	
DEPENDENTS/CHILDREN: Number of Dependents: Ages of Dep ASSETS: Total cash on hand or on deposit anywhere: Property Owned/Assets (example: cars, boats, moto EXPENSES (MONTHLY): Estimate of reasonable monthly living expenses: DEBTS: Creditor Name(s) and Amount(s):	orcycles, etc.):			
Further affiant sayeth not:		<u></u>		
	Parent/Guardian	Signature		
Sworn to and subscribed before me, on this the of office.	day of	, 2012, with	ess my hand and sea	
	County Clerk of By:	DeWitt County	Deputy Clerk	
WAIVER TO RELEASE F				
			stablishmants having	
I,, do h information or records concerning me/us (or) my/o	unorize pe	to furnish such information	statutistillents naving	

information or records concerning me/us (or) my/our circumstances, to furnish such information to a representative of the County of DeWitt. I hereby grant permission for the County of DeWitt to obtain information which may have a bearing on my/our eligibility for assistance. This release form is valid for six months after the date signed.

Parent/Guardian Signature