THIRTEENTH JUDICIAL CIRCUIT **BOONE COUNTY FAMILY COURT JUVENILE DIVISION**

APPLICATION FOR DETERMINATION OF INDIGENCY

☐ APPOINTMENT OF COUNSEL ☐ WAIVER OF COURT COSTS

HIVENH E/S) NAME.	
PARENT INFORMATION:	······
	_ SSN: BIRTHDATE:
	EMAH ADDRESS.
	EMAIL ADDRESS:
MARITAL STATUS: Single Married	# of Dependents:
INCOME:	
WHERE ARE YOU EMPLOYED?	
HOW MUCH DO YOU MAKE? \$	How many hours per week do you work?
DOES YOUR SPOUSE WORK? Yes no	If yes, where?
DO YOU HAVE A CHECKING OR SAVINGS ACC	COUNT? Yes, Amount in Account \$
DO YOU OWN ANY STOCKS OR BONDS OR OT	THER INVESTMENTS? Yes No How much \$
DO YOU OWN A VEHICLE? Yes No Y	Year/Make/Model?
DO YOU OWN A HOUSE OR LAND? Yes No.	Value \$
DO YOU HAVE ANY OTHER SOURCE OF MONE	EY OR ANYTHING WORTH ANYTHING? If yes, explain
, , , ,	ounts owed in debts you are paying)
APPLICANT'S SIGNATURE:	DATE:
Application Approved Application Do	Penied Costs Waived
Judge/Commissioner of Family Court	**Attorney Appointed