

(TYPE OR PRINT IN BLACK INK) In The General Court Of Justice  
District Court Division

File No.

STATE OF NORTH CAROLINA

Additional File Nos.

\_\_\_\_\_ County

Name Of Parent

Street Number And Street Name, Including Apartment Or Unit Number If Applicable

City, State And Zip Code

Full Permanent Mailing Address Of Parent (if different than above)

Telephone Number Of Parent

Date Of Birth

Full Social Security No. Of Parent

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Has No Social Security No.

**AFFIDAVIT OF INDIGENCY  
(JUVENILE PROCEEDINGS)**

G.S. 7A-450 et seq., 7B-602, -2503(1)c., -2506(1)c.

Allegation(s)  Abuse  Neglect  Dependency  
Adjudication(s)  Delinquent (for post-DSS-placement review and  
permanency planning hearings)  
 Undisciplined (for post-DSS-placement review and  
permanency planning hearings)

**Parent:** Have you ever had an attorney appointed to represent you  
in a juvenile abuse/neglect/dependency action regarding the same  
or different child(ren)?  Yes  No

**MONTHLY INCOME (money you make)**

**MONTHLY EXPENSES (money you pay out)**

|   |           |   |           |
|---|-----------|---|-----------|
| Employment - Parent   | \$        | Number Of Dependents  |           |
| Name And Address Of Parent's Employer<br>(If not employed, state reason; if self-employed, state trade) |           | Shelter <input type="checkbox"/> Buying <input type="checkbox"/> Renting                | \$        |
|   |           | Food (including Food Stamps)  | \$        |
|   |           | Utilities (power, water, heating,<br>phone, cable, etc.)                                | \$        |
| Other Income (Welfare, Food Stamps,<br>S/S, Pensions, etc.)   | \$        | Health Care   | \$        |
| Employment - Spouse   | \$        | Installment Payments<br><input type="checkbox"/> Vehicle <input type="checkbox"/> Other | \$        |
| Name And Address Of Spouse's Employer   |           | Car Expenses (gas, insurance, etc.)   | \$        |
|   |           | Support Payments  | \$        |
|   |           | Other: (specify)  | \$        |
| <b>Total Monthly Income</b>   | <b>\$</b> | <b>Total Monthly Expenses</b>   | <b>\$</b> |

**DESCRIPTION OF ASSETS AND LIABILITIES**

**ASSETS  
(things you own)**

**LIABILITIES  
(amounts you owe)**

|   |                        |                  |
|---|------------------------|------------------|
| Cash On Hand And In Bank Accounts<br>(list name of bank and account type, do <u>not</u> list account no.) | \$                     |                  |
| Money Owed To Or Held For Parent  | \$                     |                  |
| Motor Vehicles (list make, model, year)   | \$ (Fair Market Value) | \$ (Balance Due) |
| Real Estate   | \$ (Fair Market Value) | \$ (Balance Due) |
| Personal Property   | \$ (Fair Market Value) | \$ (Balance Due) |
| Other Debts   |                        | \$               |
| Last Income Tax Filed 20 _____ <input type="checkbox"/> Refund <input type="checkbox"/> Owe               | \$                     | \$               |
| Other   | \$                     | \$               |
| <b>Total Assets And Liabilities</b>   | <b>\$</b>              | <b>\$</b>        |

Bond Type

Amount  
\$

By Whom Posted

**NOTE:** Read the notice on the reverse side before completing this form.

## NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER

1. When answering the questions on the Affidavit Of Indigency (reverse side of this form), please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case.
2. **A COURT-APPOINTED LAWYER IS NOT FREE.** If your child is adjudicated abused, neglected, or dependent or, if your parental rights are terminated, the Court may require you to pay the fees of court-appointed counsel as authorized by G.S. 7B-603. The Court may also enter a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund or NC Education Lottery winnings may be taken to pay for the cost of your court-appointed lawyer.
3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony.").

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for a court-appointed lawyer upon request of the Court.

*Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information*

|   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>   |                                   | <i>Date</i>                           |
| <i>Date</i>   | <i>Signature</i>                  | <i>Signature Of Parent</i>            |
| <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate |                                   | <i>Name Of Parent (type or print)</i> |
| <input type="checkbox"/> Notary   | <i>Date My Commission Expires</i> |                                       |
| <b>SEAL</b>   | <i>County Where Notarized</i>     |                                       |

**NOTE:** If you are less than 18 years old, or if you are at least 18 years old but remain dependent on and live with a parent or guardian, state name and address of parent, guardian or trustee below.

|   |
|---|
| <i>Name Of Parent/Guardian Or Trustee</i> |
| <i>Address</i>                            |
| <i>City, State, Zip</i>                   |