DFS Case Manager Information

DFS Case Manager Name: Phone Number:

**EIGHTH JUDICIAL DISTRICT COURT – JUVENILE DEPENDENCY**

APPLICATION FOR COURT APPOINTED COUNSEL

I, (your name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state under oath that I am financially unable to hire an attorney. I understand that because this is a civil matter, I am not entitled to an attorney. However, this Court has the discretion to appoint an attorney, as deemed appropriate, in the interest of justice.

I am the (choose 1) Parent Significant Other Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the child/ren.

Name: Case No:

Address:

Phone: I am in jail/prison: Yes No

Email: If yes, where?

How long have you lived in Clark County?

**Section 1: Personal Data**

Date of Birth: Married Registered Domestic Partner Separated Single

Employed by: Significant Other employed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not employed, month of last employment:

Children living with you:

Other household members living with you and relationship:

**Section 2: Please Check All that Apply**

I am currently receiving food stamps; I am currently receiving welfare benefits (TANF)

I currently have Medicaid I am currently receiving disability insurance

I live in Section 8 housing I am currently housed in a mental health facility

I am currently receiving public assistance from:

I am currently serving a sentence in a correctional institution:

I am currently unemployed with no source of income

**SECTION 3**

**A. INCOME** (Note: you may be required to provide proof of income including paystubs or tax returns)

I and/or my family are currently receiving the following funds each month:

TANF $\_\_\_\_\_ Food Stamps $\_\_\_\_\_ Medicaid $\_\_\_\_\_\_ SSI (Supplemental Security Income) $\_\_\_\_\_\_\_\_\_

Gross monthly wage (self) $ Unemployment $ Veteran’s Benefits $

Gross monthly wage (spouse) $ Workers Comp $ Child Support $

Gross monthly wage (others) $ Pension/Retirement $ General Assistance $

(include all other household members)

**Total All Income in Household $\_\_\_\_\_\_\_\_\_\_\_**

**B. ASSETS** (list total value)

Cash on hand in bank $ Savings accounts $ Sporting Equipment $

Wages not received $ Stocks/bonds/securities $

Money owed to me $ Interest in real estate $

Personal Property $ Motor vehicles $

**Total All Assets in Household $\_\_\_\_\_\_\_\_\_\_\_**

**C. MONTHLY DEBTS**

Rent/Mortgage $ Gas (vehicles) $ Credit Cards $

Alimony $ Utilities $ Groceries $

Collections $ Courts $ Telephone $

Cable/Sat TV $ Attorneys $ Car Payment $

Doctor/Hospital $ Child Support $

Dependent Care (of an adult or a child) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total All Monthly Debts $\_\_\_\_\_\_\_\_\_\_\_**

PERMISSION TO INVESTIGATE

I hereby authorize Clark County to investigate my assets, liabilities, employment, and income references. I further authorize Clark County to receive this information from any person, organization, agencies, institutions, and companies which have such information.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Witnessed By

**JUDICIAL REVIEW OF REQUEST FOR COURT APPOINTED COUNSEL**

**Approved Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Judge or Hearing Master**