

ALLEGHENY COUNTY BAR FOUNDATION - JUVENILE COURT PROJECT

Koppers Building, 11th Floor · 436 Seventh Avenue · Pittsburgh, PA 15219
Telephone (412) 391-4467 · Fax (412)391-4465

Application For Representation

Client Information:

Last Name: _____, First Name : _____, Middle In.: _____

Date of Birth: _____ Social Security No.: _____ AKA: _____

Address: _____

Apt. No.: _____ City: _____ State: _____ Zip Code: _____

Home No.(_____) - _____ Cell No.(_____) - _____ Work No.(_____) - _____

Fax No.(_____) - _____ Email: _____

List Two People Who Can Always Provide Us With Your Phone Number:

	<u>First Name</u>	<u>Last Name</u>	<u>Their Relationship to You</u>	<u>Phone No.</u>
1.	_____	_____	_____	(_____) - _____
2.	_____	_____	_____	(_____) - _____

List All Of Your Children:

Docket#	<u>First Name</u> <u>Last Name</u>	<u>Date of Birth</u>	Who is the Child's Other Parent?
			<u>First Name</u> <u>Last Name</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			

Answer these Questions:

Y or N _____, Were any children removed or displaced from the home? When? _____ Where were they placed? _____

Y or N _____, Has a Private Attorney ever represented you? ----- Attorney's Name & Date of Hearing: _____

Y or N _____, Has a Parent Advocate ever represented you? ----- Attorney's Name & Date of Hearing: _____

CYF Caseworker: _____, Caseworker's Phone No.(_____) - _____

Regional Office: _____, Name of Caseworker's Supervisor: _____

Next hearing date: _____, Type of hearing _____, Judge/Hearing Officer: _____

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Household Composition

List all the people who live with you. Start with yourself. <u>First Name , Last Name</u>	How is each person related to you? (<i>Spouse, Fiancé, Child, Aunt, Uncle, Friend</i>) <u>Relation to You</u>	List the source of income for each person. <i>Example: Alimony, Child Support, DPW, SSI, Job (Company Name & Position), etc</i> <u>Source of Income</u>	List the amount of gross monthly income for each person. <u>Monthly Income</u>
1	Self		\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$

*Total Size of Household: _____

*Total Household Income: \$ _____

Complete Your Monthly Expenses:

- 1) Housing \$ _____ 2) Home Ins. \$ _____ 3) Food \$ _____
 4) Phone \$ _____ 5) Cable/TV \$ _____ 6) Gas/Heat \$ _____ 7) Electricity \$ _____ 8) Medical \$ _____
 9) Auto \$ _____ 10) Auto Ins. \$ _____ 11) Bus Fare \$ _____ 12) Cr. Cards \$ _____ (13) _____

Answer These Questions:

Y/N _____, Do you share the payment of your monthly expenses (above) with someone else? How many people contribute: _____

Y/N _____, Do you pay child support for any children? How Many Children? _____, Monthly Amount \$ _____

Y/N _____, Do you own a Home, Mobile Home, and/or Land? Value \$ _____, Current balance \$ _____

Y/N _____, Do you own a vehicle? How many? _____, Value \$ _____, Balance Owed \$ _____, Make/Year _____

Y/N _____, Do you own any other assets? Describe in detail and give their current value: _____

Y/N _____, Are you currently employed? Company Name: _____ Position: _____ Date of hire: _____

- What is your present means of support? _____
- What is the Balance of Your: Checking Account \$ _____ Savings Account \$ _____ Cash on hand \$ _____

I, hereby, certify that all of the preceding information is true and correct to the best of my knowledge, information and belief. I, hereby, request that a parent advocate attorney be assigned to represent me in Allegheny County Juvenile Court dependency proceedings concerning my child(ren). I understand my responsibility to report to my parent advocate any changes in income or household composition which would affect my eligibility for free legal services. I understand my responsibility to inform my parent advocate immediately of any change in my address or phone number. I understand that if I fire my parent advocate, no other parent advocate will be provided to represent me. I understand that appeals will be filed by the Juvenile Court Project only when the Juvenile Court Project determines them to have a meritorious legal basis. I understand that my client file will be destroyed five years after the case closes.

Signature _____

Date _____

Intake By _____

Intake Date _____

Proof Of Income _____

Eligible _____

Ineligible _____

PA Assigned _____