

# 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

### •Please Print Legibly and Complete Both Sides of the Application.

Last Name: \_\_\_\_\_, First Name : \_\_\_\_\_, Middle In.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ AKA: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home No.(\_\_\_\_\_) - \_\_\_\_\_ Cell No.(\_\_\_\_\_) - \_\_\_\_\_ Work No.(\_\_\_\_\_) - \_\_\_\_\_

Email: \_\_\_\_\_ Pager No.(\_\_\_\_\_) - \_\_\_\_\_ Fax No.(\_\_\_\_\_) - \_\_\_\_\_

CYF caseworker: \_\_\_\_\_ Caseworker's Phone No.(\_\_\_\_\_) - \_\_\_\_\_

Regional Office: \_\_\_\_\_ Name of Caseworker's Supervisor: \_\_\_\_\_

Next hearing date: \_\_\_\_\_, Type of hearing \_\_\_\_\_, Judge/Hearing Officer: \_\_\_\_\_

### •Please Answer These Questions:

Were any children removed from their natural parents? Y/N \_\_\_\_\_, When? \_\_\_\_\_ Where were they placed? \_\_\_\_\_

Have you ever been represented by a Private Attorney regarding dependency? If so, What was the date: \_\_\_\_\_

Have you ever been represented by a Parent Advocate? If so, •Name of the Attorney: \_\_\_\_\_

•Name of Judge/Hearing Officer: \_\_\_\_\_

•Date of hearing: \_\_\_\_\_

### •List Two Persons Who Will Always be Able to Provide Us With Your Current Address and Phone Number.

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

### •List All of Your Children Under the Age of 18.

	<u>Last Name, First Name</u>	<u>Date of Birth</u>	<u>Name of other parent (Mother/Father)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

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## HOUSEHOLD COMPOSITION

- Starting With Yourself, List All Persons In Your Household. Be Sure to Include Any Children For Which You Pay Child Support.
- List Each Person's Relation To You. Then, List the Source and List the Amount of Gross Monthly Income For Each Person.

	<u>Last Name, First Name</u>	<u>Relation to You</u>	(Child Support, DPW, SSI, Work, etc) <u>Source of Income</u>	<u>Amount of Monthly Income</u>
1.	_____	Self	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____
9.	_____	_____	_____	\$ _____

•Total No. In Household : \_\_\_\_\_ •Total Child Sup. You Pay Monthly \_\_\_\_\_ •Total Household Income: \$ \_\_\_\_\_

### •Please Answer These Questions:

Are you currently employed? Y/N \_\_\_\_\_ Company Name \_\_\_\_\_ Position \_\_\_\_\_ Date of hire \_\_\_\_\_

If you show no Income, what is your present means of support? \_\_\_\_\_

What is the Balance of Your: Checking Account \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_ Cash on hand \$ \_\_\_\_\_

Do you share the payment of your monthly expenses (below) with someone else? (Y/N) \_\_\_\_\_ How many people? \_\_\_\_\_

### •Use a Dollar Amount to Complete Your Monthly Expenses:

1) Rent \$ \_\_\_\_\_ 2) Mortgage \$ \_\_\_\_\_ 3) Home Ins. \$ \_\_\_\_\_  
4) Medical \$ \_\_\_\_\_ 5) Food \$ \_\_\_\_\_ 6) Gas/Heat \$ \_\_\_\_\_ 7) Electricity \$ \_\_\_\_\_ 8) Phone \$ \_\_\_\_\_ 9) Cable \$ \_\_\_\_\_  
10) Auto \$ \_\_\_\_\_ 11) Auto Ins. \$ \_\_\_\_\_ 12) Bus Fare \$ \_\_\_\_\_ 13) Credit Card \$ \_\_\_\_\_ 14) Other \_\_\_\_\_

### •Fill in the Value and Balance, If You Own any of the Following Assets:

Home and/or Mobile Home: Value \$ \_\_\_\_\_, Current balance \$ \_\_\_\_\_

Auto 1: Value \$ \_\_\_\_\_, Current balance \$ \_\_\_\_\_ Make and year \_\_\_\_\_

Auto 2: Value \$ \_\_\_\_\_, Current balance \$ \_\_\_\_\_ Make and year \_\_\_\_\_

If you own any other assets, describe in detail and give current value of these assets. \_\_\_\_\_

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 \_\_\_\_\_