

**FINANCIAL STATEMENT OF JUVENILE  
TO THE FAMILY COURT OF ST. LOUIS COUNTY  
ATTN: CIRCUIT CLERK'S OFFICE  
105 SOUTH CENTRAL AVE.  
CLAYTON, MO 63105**

Please fill out the information requested in the boxes below so that the Court can decide if you have the ability to pay part or all of the cost of having a Court-appointed lawyer represent you in Family Court proceedings. All of this information will remain confidential.

NAME:		ADDRESS:	
DATE OF BIRTH:	SOCIAL SECURITY #:	NAME OF DJO:	
NAME OF FATHER OR MALE CUSTODIAN:		ADDRESS AND PHONE NUMBER:	
		E-MAIL:	
NAME OF MOTHER OR FEMALE CUSTODIAN:		ADDRESS AND PHONE NUMBER:	
		E-MAIL:	
<b><u>FINANCIAL INFORMATION:</u></b>		<b><u>YOUR MONTHLY INCOME:</u></b> (INCLUDE INCOME OF SPOUSE, IF MARRIED)	
HOW MUCH MONEY DO YOU HAVE IN A CHECKING OR SAVINGS ACCOUNT?  \$ _____		MONTHLY INCOME                   \$ _____	
		SOCIAL SECURITY                   \$ _____	
		OTHER INCOME                   \$ _____	
		INTEREST/DIVIDENDS, ETC.	

DESCRIBE ANY OTHER PROPERTY THAT YOU OWN WORTH MORE THAN \$100.00  
(CAR, STOCKS, BONDS, CASH, ETC.)

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

IF YOU HAVE ANY CHILDREN, GIVE THEIR NAMES AND AGES AND WHO THEY ARE LIVING WITH:

NAME

AGE

PLACE OF RESIDENCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SIGNATURE:

DATE: