

STATE OF OREGON

COUNTY OF _____

**JUVENILE UNIFORM APPLICATION
CONTRIBUTION AFFIDAVIT**

Case No. _____ Petition No(s) _____

Charge(s): _____

(Not Public Information)

In the Matter of: _____

Case Type:

- Juvenile Delinquency (family)
- Juvenile Dependency (child with assets)

The court has appointed counsel to represent the child/youth in this matter. The following information is complete and accurate to the best of our knowledge and we ask the court to use the information to determine whether the family is able to contribute to the cost of court-appointed counsel that has been provided without creating substantial hardship to the family. We understand that we can be required to document or verify this information. We understand that failure to do so could result in the withdrawal of counsel. We understand that if we do not tell the truth, we can be required to repay the cost to the state for providing court-appointed counsel and/or parent/guardian can be charged with a crime, and if convicted, can be incarcerated.

1. PERSONAL

Full Name of Child/Youth

Residence Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Telephone No _____ DOB Month _____ Day _____ Year _____ SSN _____

Sex: _____ First _____ Middle _____ Last _____

Full Name of Parent/Guardian

Residence Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Telephone No _____ DOB Month _____ Day _____ Year _____ SSN: _____

Sex: _____ Marital Status: _____ First _____ Middle _____ Last _____

Full Name of Parent/Guardian

Residence Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Telephone No _____ DOB Month _____ Day _____ Year _____ SSN _____

Sex: _____ Marital Status: _____

List the following information for everyone living in your household:

Name	Relationship	Age	Monthly Net Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the children named above have special needs? _____

Name(s) and age(s) of child(ren) and nature of special need: _____

2. EMPLOYMENT AND INCOME

As to Child/Youth:

If unemployed, how long since last employment _____

Present Employer _____ **How long** _____ **Occupation** _____

Address _____ **Telephone No.** _____

Hourly Wage _____ **Average hours per week** _____ **Net (after tax) monthly income** _____ **Amount of last check** _____

Previous employer _____ **How long** _____ **Occupation** _____

Address _____ **Net (after tax) monthly income** _____

As to Parent/Guardian (list name):

If unemployed, how long since last employment _____

Present Employer _____ **How long** _____ **Occupation** _____

Address _____ **Telephone No.** _____

Hourly Wage _____ **Average hours per week** _____ **Net (after tax) monthly income** _____ **Amount of last check** _____

Previous employer _____ **How long** _____ **Occupation** _____

Address _____ **Net (after tax) monthly income** _____

As to Parent/Guardian (list name):

If unemployed, how long since last employment _____

Present Employer _____ **How long** _____ **Occupation** _____

Address _____ **Telephone No.** _____

Hourly Wage _____ **Average hours per week** _____ **Net (after tax) monthly income** _____ **Amount of last check** _____

Previous employer _____ **How long** _____ **Occupation** _____

Address _____ **Net (after tax) monthly income** _____

Other income for child/youth, parent/guardian, dependents, household members; e.g., social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability:

Source of Income and Party Receiving - DESCRIBE	Amount	How Long Received	How Often Received
_____	_____	_____	_____
_____	_____	_____	_____

Other household members who help pay living expenses:

Name	Amount	Payment for what? - DESCRIBE
_____	_____	_____
_____	_____	_____

3. PROPERTY/ASSETS OWNED BY CHILD/YOUTH/PARENT/GUARDIAN (List amount and owner):

Child/Youth
 Parent/Guardian

Cash _____ **If in custody**, amount in jail or trust account _____

Savings Account No. _____ Balance _____ Bank/Branch Office _____

Checking Account No. _____ Balance _____ Bank/Branch Office _____

Other Account No. _____ Balance _____ Bank/Branch Office _____

Real Estate:

Address, City	Year of Purchase	Purchase Price	Value	Amount Owed	Real Estate Payments made to:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Credit Cards:

Card Name/Bank	Account No.	Current Balance	Credit Limit
_____	_____	_____	_____
_____	_____	_____	_____

Motor Vehicle:

Year, Make, Model	Value	Amount Owing	Vehicle Payments Made to:
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these motor vehicles used for work (other than driving to and from work)? _____

All other property or assets; for example, furniture, boats, guns, jewelry, tools, etc.:

Description	Value	Description	Value
_____	_____	_____	_____
_____	_____	_____	_____

Money owed to child/youth/parent/guardian by others; e.g, tax refund, trust, settlement, judgment:

Name of Debtor	Amount Owed	Date Expected
_____	_____	_____
_____	_____	_____

4. MONTHLY EXPENSES

List all expenses that are paid monthly by child/youth/parent/guardian, individually or jointly:

Rent/Mortgage _____	Utilities _____	Food _____	Medical _____
Car Payment(s) _____	Gas/Insurance _____	Credit Card Payment(s) _____	
Court-ordered fines/fees _____	Child Care _____	Other _____	
Child Support _____	Name of children/ages: _____		

5. APPLICANT HISTORY

Has child/youth ever received a court-appointed attorney before today's application? _____

If yes, in which county was the attorney appointed? _____ Date _____

Charge(s) or type of case _____

We understand that we may be required to pay a \$20 application fee for the processing of this application. We understand that we may be required to pay a contribution amount and/or we may be required to reimburse the state for reasonable court-appointed attorney fees and costs regardless of the outcome of the case. Any order for payment of these fees or costs will be based upon our financial ability to pay such fees and costs. We understand we may request the court waive all or part of the potential fees and costs.

We acknowledge receipt of the Advice of Rights form by initialing as follows: _____.

We certify and affirm that we have read the information contained in this form, personally completed this application or requested its completion, and that all statements contained herein are true and complete.

Date Signature of Child/Youth

Child/Youth/Parent/Guardian have completed this affidavit.

Date Signature of Parent/Guardian

Child/Youth/Parent/Guardian have requested or allowed court/release office personnel to complete affidavit utilizing information the family has provided.

Date Signature of Parent/Guardian

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

CLERK OF COURT

Original: Court File or Verification

Copies: Verification or Court File;
Applicant;
Court-Appointed Counsel



OREGON JUDICIAL DEPARTMENT
Notice of Obligations & Rights of Parents & Guardians
In Juvenile Cases

Obligations to Pay:

In juvenile cases, if the court finds your child is within the jurisdiction of the court, the court may order a parent or legal guardian to pay certain costs, which may include, but are not limited to the following:

1. In any juvenile case, you may be required to pay:

- Any child support received by you for that child, to the state, if your child is in substitute care.
- Costs to provide appropriate education or counseling for your child.

2. In a dependency case (child abuse / neglect / abandonment), you may also be required to pay costs for:

- Out-of-home placement.
- A lawyer appointed to represent your child.
- Service of summons.
- Daily expenses and mileage fees of certain witnesses.

3. In a delinquency case (law violations), you may also be required to pay additional costs for:

- Costs as described for dependency cases in #2 above.
- Up to \$2,500 in restitution, if your child is obligated to pay a victim.
- Up to \$7,500 in damages caused by your child to property.
- Up to \$5,000 for forest fires caused by your child.
- HIV testing.
- Graffiti damages caused by your child.
- Drug and alcohol treatment for your child.
- Detention services for your child.
- Up to a \$1,000 fine, if you are convicted of failure to supervise your child.

Rights to Appeal:

In juvenile cases, you may appeal decisions in your child's case as follows:

1. **Referee Decisions (ORS 419A.150)** - To appeal a decision by a referee, you must file the appeal with the circuit court within ten days of entry of the referee's decision in the court register.
2. **Rehearing Circuit Court Decisions that are Not Recorded or Transcribed (ORS 419A.200(2))** - If no recording or transcript of the proceedings was kept, you may file a request for rehearing with the circuit court within 15 days after the entry of the court's order and the court will grant a rehearing on the record with certain exceptions.
3. **Appeal of Circuit Court Decisions (ORS 419A.200)** - To appeal a circuit court's decision, you must file a notice of appeal with the Court of Appeals within 30 days of the entry of the court's final order in the court register. If a lawyer did not represent you, you may have longer to file notice of appeal in certain circumstances. (See ORS 419A.200(4).

Receipt of this notice acknowledged by Parent / Guardian:

_____ (Date)

 (Signature)

 (Printed Name)

Parent /Guardian was given this notice, but refused to or is unable to sign.

The giving of this notice to the parent / guardian _____ acknowledged by:

 (Signature)

 (Printed Name)

 (Position)

 (Date)

RE: _____

Dear: _____

There is a case currently pending in this court involving your child. The court has appointed an attorney to represent your child in this matter. To complete the attorney appointment process, the court needs a financial affidavit completed by you to see if there are resources available to help contribute towards the cost of the attorney for your child.

Please complete the attached Juvenile Uniform Application Contribution Affidavit in full and return it to me no later than _____.

If you have any questions or concerns about this process, you may contact me at _____.

Sincerely,

Verification Specialist