

IN THE IOWA DISTRICT COURT FOR
_____ COUNTY (JUVENILE DIVISION)

IN THE INTEREST OF _____) **Juvenile No.** _____
)
)
 _____,) **FINANCIAL AFFIDAVIT OF PARENT**
) **AND APPLICATION FOR APPOINTMENT**
Child(ren).) **OF COUNSEL/ FOR**
) **Child** **Parent** **Other:** _____
)

In support of my application for appointment of counsel, and under penalty of perjury, the undersigned states:

Name: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Street Address: _____
Street/P.O. Box Apt # City State Zip

Case: CINA TPR Del Other: _____ Relationship to Child: Parent Other: _____

Do you have a job? No Job Yes, Full Time Yes, Part Time (List Hours/week: _____)

Who do you work for? _____

How much money do you currently make before taxes or deductions? _____ per hour month year

How much money have you made in the last 12 months from any source, before taxes or deductions? _____

How many family members are supported by or live with you? _____

If a spouse lives with you, how much money does your spouse make? _____ per hour month year

List all other money you, or anyone else living in your household, has coming in: _____

List what you own including money in banks, cars, trucks, other vehicles, land, houses, buildings, cash, or anything else worth more than \$100: _____

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, any other debts: _____

I understand I may be required to repay the State for my attorney fees and costs and those of my child, I may be required to sign a wage assignment, and I must report any changes in the information submitted on this financial affidavit. I promise under penalty of perjury that the statements I make in this application are true and that I am unable to pay for an attorney to represent me.

Date _____

Signature _____

IN THE IOWA DISTRICT COURT FOR
 _____ **COUNTY (JUVENILE DIVISION)**

IN THE INTEREST OF _____, Child(ren).)))))))	Juvenile No. _____ ORDER OF APPOINTMENT OF COUNSEL FOR <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
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NOW on this _____ day of _____, 20____, the Court having received and examined the Financial Affidavit of Parent and Application for Appointment of Counsel and having considered not only the Child/Applicant's income, but also the availability of any assets subject to execution and the seriousness of the charge or nature of the case, finds the following:

1. The Child/Applicant:

- Is eligible¹ for court-appointed counsel pursuant to Iowa Code § 815.9 because:
 - Child/Applicant's income is **at or below 125%** of the poverty guidelines and Child/Applicant is unable to pay for the cost of an attorney; **OR**
 - Child/Applicant's income is **between 125% and 200%** of the poverty guidelines and not appointing counsel would cause Child/Applicant substantial financial hardship; **OR**
 - Child/Applicant's Income is **over 200%** of the poverty guidelines, case is a felony-level delinquency, and not appointing counsel would cause Child/Applicant substantial financial hardship.
- Is a child and is otherwise eligible for court-appointed counsel under Chapter 232.
- Is not eligible for court-appointed counsel.

2. The counsel/guardian ad litem appointed below to represent the Child/Applicant is:

- The local public defender office, nonprofit organization, or attorney designated by the State Public Defender pursuant to Iowa Code § 13B.4(2) to represent indigent persons in this type of case in this county **OR**
- An attorney not designated by the State Public Defender, **AND** any local public defender office or other designee of the State Public Defender for this type of case in this county has been contacted and has declined the appointment or withdrawn from the case, or there is no designation for this type of case in this county, **AND** the appointed attorney:
 - Has a current contract with the State Public Defender to represent indigent persons in this type of case and in this county; **OR**
 - Does not have such a contract, but all attorneys with a contract to represent indigent persons in this type of case in this county have been contacted and no such attorney is available to take this case; **OR**
 - Does not have such a contract, but the State Public Defender has been consulted and consents to the appointment.

IT IS THEREFORE ORDERED that Child/Applicant's Application for Appointment of Counsel is

- Denied.
- Approved, and that _____ is appointed to serve as counsel/guardian ad litem in this case for _____ at State expense and may be contacted at _____.

 JUDGE, _____ Judicial District

Copy to:

¹ NOTE: A different standard applies for determining eligibility for appointment of respondent's counsel in a Chapter 600A TPR, and additional findings are required to determine the appropriate party/agency responsible for payment. See Iowa Code §§ 600A.2(11), 600A.6A(2), and 600A.6B. **Do not use this form order for 600A TPR Appointments.**