

IN THE JUVENILE COURT OF HAMILTON COUNTY

Child's Name _____

DOCKET NO: _____

Parent or Guardian _____

AFFIDAVIT OF INDIGENCY

I, _____ having been duly sworn on according to law, make oath that because of my poverty, I am unable to bear the expenses of this case and that I am justly entitled to the relief sought to the best of my belief. The following facts support my poverty,

1. Full Name: _____

2. Address: _____

3. Telephone Number: _____ Date of Birth: _____

4. Name and ages of all Dependents under the age of 18.

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

5. I am employed by: _____ Telephone # _____

ADDRESS: _____ Marital Status _____

6. Present income after deductions: \$ _____ per week \$ _____ per month

7. I receive or expect to receive money from the following sources: (list amount received)

AFDC _____ SSI _____ Retirement _____ Disability _____ Unemployment _____

Worker's Comp. _____ Child Support _____ other _____

8. My expenses are: (list per month)

Rent/house pymt \$ _____ Telephone _____ Groceries _____ Water _____

Electricity _____ School supplies _____ Clothing _____ Child support _____

Gas _____ Car pymt _____ Other _____

Automobile \$ _____ (Fair Market Value) Checking/Saving Acct. \$ _____

House \$ _____ Other \$ _____

Amount owed: _____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

DATE _____
Parent/Guardian _____

ORDER ALLOWING COURT APPOINTED ATTORNEY

It appearing based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the parent/guardian is an indigent person and is qualified for a Court appointed Attorney.

It is Ordered this _____ day of _____, 20_____.

JUDGE/MAGISTRATE

DETERMINATION OF NON-INDIGENCY

It appearing based upon the Affidavit of Indigency filed in this cause and after due inquiry made the parent/guardian is not an indigent person because _____

IT IS ORDERED AND ADJUDGED that the parent/guardian does not qualify for a Court Appointed Attorney in this cause.

This the _____ day of _____, 20_____.

JUDGE/MAGISTRATE

NOTICE

Upon filing of this affidavit for a Court Appointed Attorney, you will be assessed an Administrative Fee of \$50.00. This amount is subject to be waived, modified or increased by the Court, to a maximum of \$200.00 Pursuant to Tennessee Code Annotated 40-14-103.

SWORN TO BY _____ ON _____
DEPUTY CLERK DATE

IN THE JUVENILE COURT OF HAMILTON COUNTY, TENNESSEE
Suzanne Bailey - Judge
1600 East Third Street, Chattanooga, TN 37404-2556
423-209-5100

IN THE MATTER OF:

DOCKET NO:

SUBPOENA

STATE OF TENNESSEE,

To any lawful officer:

Summon _____
to appear before the Juvenile Court of Chattanooga, Hamilton County, Tennessee at 1600
East Third Street, on the _____ day of _____,
at _____ to testify on behalf of _____,
and to bring _____.

Herein fail not, and have you then and there this Writ.

Witness, Gary D. Behler, Clerk of said Juvenile Court, at office, in Chattanooga,
Tennessee this _____.

Gary D. Behler, Clerk of Court

Subpoena Requested By: _____ By _____ D.C.

OFFICER'S RETURN

Date _____

I certify I delivered the foregoing as follows:

This _____ day of _____,

OFFICER

IN THE JUVENILE COURT OF HAMILTON COUNTY, TENNESSEE

Suzanne Bailey - Judge
1600 East Third Street, Chattanooga, TN 37404-2556
423-209-5100

IN THE MATTER OF:

DOCKET NO:

SUBPOENA

DUCES TECUM

STATE OF TENNESSEE,

To any lawful officer:

Summon _____

to appear before the **Juvenile Court of Chattanooga, Hamilton County, Tennessee at 1600 East Third Street**, on the _____ day of _____, at _____ am/pm to testify on behalf of _____ and to bring _____.

Herein fail not, and have you then and there this Writ.

Witness, Gary D. Behler, Clerk of said Juvenile Court, at office, in Chattanooga, Tennessee this _____.

Gary D. Behler, Clerk of Court

By _____ D.C.

Any costs will be assessed against requesting party:

Subpoena Requested By:

Address/Phone Number

OFFICER'S RETURN

Date _____

I certify I delivered the foregoing as follows:

This _____ day of _____

OFFICER

STATE OF TENNESSEE
IN THE JUVENILE COURT OF HAMILTON COUNTY

Plaintiff

vs.

NO. _____

Defendant(s)

SUMMONS

FOR ASSISTANCE
ADA (423) 209-6120

TO:

Defendant Address

Defendant Address

Defendant Address

You are hereby summoned to answer and make defense to the petition which has been filed in the Juvenile Court of Hamilton County, Tennessee in the above-styled cause. You are hereby cited to appear, answer and defend this petition on the _____ day of _____, _____, at _____ (a.m./p.m.) at the Juvenile Court for Hamilton County which is located at 1600 East Third Street, Chattanooga, TN 37404. If you fail to do so, judgment by default will be taken against you for the relief demanded in the petition.

WITNESSED and Issued this _____ day of _____,

GARY D. BEHLER, JUVENILE COURT CLERK

By: _____
Deputy Juvenile Court Clerk

ATTORNEY FOR PLAINTIFF: _____

Address

PLAINTIFF'S ADDRESS: _____

Received this _____ day of _____,

/s/ _____
Deputy Sheriff

STATE OF TENNESSEE

COUNTY OF HAMILTON

I, Gary D. Behler, Clerk of the Juvenile Court, in and for the State and County aforesaid, hereby certify that the within and foregoing is a true and correct copy of the original writ of summons issued in the case of _____ vs.

_____, No. _____

as now appears on file in my office.

Witness my hand and the seal of the Court,

this the _____ day of _____,

GARY D. BEHLER, JUVENILE COURT CLERK

By: _____ D.C.

OFFICER'S RETURN

I certify that I served this summons together with the petition as follows:

On _____, _____, I delivered a copy of the summons and petition to the defendant, _____ personally served at _____.

- OR -

Failed to serve this summons within thirty (30) days after its issuance because:

JIM HAMMOND, SHERIFF

By: _____
Deputy Sheriff

IN THE JUVENILE COURT OF HAMILTON COUNTY, TENNESSEE

IN THE MATTER OF: _____

DOCKET NO(S): _____

PLEA OF GUILTY

I, _____, a juvenile, _____ years of age, being of sound mind and in open Court on the _____ day of _____, 20____, do hereby desire to enter a plea of guilty to the charge(s) of _____

Further, before entering a plea of guilty, I have been informed by the Court that:

1. I have the right to enter a plea of not guilty;
2. I have the right to have an adjudicatory hearing before the Judge of the Hamilton County Juvenile Court;
3. I have a right to confront and cross-examine witnesses in this Court;
4. It is the burden of the State to prove my guilt beyond a reasonable doubt;
5. I have a right to testify for or against myself;
6. I have a right to adequate counsel to represent me during this hearing;
7. I have a right to have witnesses subpoenaed on my behalf;
8. I understand that I may be declared delinquent and that my penalty, whether probation or committal to the Department of Children's Services, is left strictly to the discretion of the of the Court;
9. I have in fact committed the act(s) charged in the petition(s) and I understand the act(s) for which I am charged;
10. I have been promised nothing nor threatened in any way to get me to plead guilty;
11. This action of entering a plea of guilty is voluntarily and intelligently made;
12. I understand this plea is a part of the record in this cause.

DATE

PARENT OR GUARDIAN

DEFENDANT

ATTORNEY

As the Judge of the Juvenile Court of Hamilton County, I accept this plea of guilty and Order it entered into the record of this case.

JUVENILE COURT JUDGE/MAGISTRATE

IN THE JUVENILE COURT OF HAMILTON COUNTY, TENNESSEE

IN THE MATTER OF:

* NO. _____

REQUEST FOR REHEARING

_____ respectfully requests a hearing before the Presiding Judge, this matter having heretofore been heard by Magistrate _____ on _____ concerning (such as: visitation, custody, etc.) _____.

BRIEFLY STATE YOUR REASON FOR REQUEST: _____

Signature

*Address

City, State, Zip Code

Phone/Cell Number

***ALL NOTICES WILL BE SENT TO THE ADDRESS SHOWN. NOTIFY THE COURT OF ANY CHANGES**

_____ I am represented by attorney _____ in this matter.

_____ I am not represented by an attorney.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Gary D. Behler, Clerk of the Court

Deputy Clerk

ORDER

It appearing to the Court that a Magistrate of this Court duly heard this matter in the first instance and that the above person, a proper party in the matter, has requested a hearing by the Judge as prescribed by law.

IT IS THEREFORE ORDERED:

_____ That the Requested Rehearing be and is hereby allowed and is set for a date certain of _____.

_____ That the Requested Rehearing is denied based on: _____.

_____ That this matter be referred back to the original Magistrate for hearing.

This _____ day of _____, 20_____.

JUVENILE COURT JUDGE

IN THE JUVENILE COURT OF HAMILTON COUNTY

IN RE:

PETITION NO.:

MOTION TO EXPUNGE RECORD

Comes now _____ and moves this Honorable Court for an Order expunging his/her record pursuant to TCA § 37-1-155 and 40-32-101.

In support of this motion _____ would show the Court that he/she successfully completed his/her probationary period and his/her case was dismissed.

_____ would also show that he/she is an adult and has not had any other law violations.

Respectfully submitted,

Phone number _____

WAIVER RIGHT TO COUNSEL

Tennessee Code Annotated, Section 37-1-126

IN THE JUVENILE COURT OF HAMILTON COUNTY, TENNESSEE

IN THE MATTER OF:

Docket No. _____

I, the undersigned, being a child who has a charge of delinquency against him pending in this court and being _____ years of age, understand that I have the right to have an attorney represent me in the hearing. I further understand that if my family or I are not financially able to employ an attorney, the Juvenile Court will appoint one to represent me without cost to me or my parents.

Understanding these facts, I do not choose to have an attorney represent me in this hearing, even though I do understand that, if the court finds that I committed the delinquent act with which I am charged, I can be committed to the State Department of Juvenile Justice for an indefinite time.

Date

Child

PARENTS WAIVER

I/we, the parents of the above named child, _____,
join in the above statement to waive the rights to have an attorney represent him in the hearing on the charges of delinquency against him.

Date

Parent

Date

JUDGE/MAGISTRATE



HAMILTON COUNTY JUVENILE COURT

1600 EAST THIRD STREET • CHATTANOOGA, TENNESSEE 37404-2556

HON. SUZANNE BAILEY
JUDGE

R. CHRIS ALBRIGHT
COURT ADMINISTRATOR

DATE: _____

TO: _____

I hereby authorize the release of the following information:

concerning _____

(Name of Child)

to _____

(Person)

(Agency/Program)

Agency Address

This consent is valid for ninety (90) days.

Authorizing Parent/Guardian

Date

INFORMATION RECEIVED MAY NOT BE RELEASED, COPIED OR DISTRIBUTED TO ANY OTHER PERSON OR AGENCY.

