

## **Instruction for Indigent Screening for Juvenile**

1. Download and print application from Richland County Website

<http://www.richlandcountysc.gov>

Or

Pick up an application form from

Richland County Judicial Center  
1701 Main Street  
Columbia, SC 29201

2. Fill out application with Case Number or Warrant Number

List Name of Juvenile and Name of Parent or Guardian

3. Enclose a copy of your Petition

(Petition must be enclosed for your application to be processed)

4. Application may be returned via

- a. Mail: Richland County Judicial Center  
Criminal Records  
Post Office Box 2766 Columbia, SC 29202
- b. Returned to: (Drop boxed marked criminal records in lobby)  
Richland County Judicial Center  
1701 Main Street  
Columbia, SC 29201
- c. Emailed to [Stover.tyesha@richlandcountysc.gov](mailto:Stover.tyesha@richlandcountysc.gov)
- d. Faxed to 803.576.1925

**You will be contacted via phone or email to schedule an appointment to be screened over the phone.**

**NO APPLICATION SHOULD BE NOTARIZED**

TYESHA STOVER  
Indigency Screener  
Richland County Clerk of Court  
1701 Main Street  
Columbia SC 29201  
803-576-1621

STATE OF SOUTH CAROLINA )  
 COUNTY OF RICHLAND )  
 \_\_\_\_\_ )  
 A JUVENILE )  
 \_\_\_\_\_ )  
 A Child under Seventeen (17) Years of )  
 Age )

IN THE FAMILY COURT  
 FIFTH JUDICIAL CIRCUIT

**AFFIDAVIT OF INDIGENCY  
 AND  
 APPLICATION FOR COUNSEL**  
 (Defense of Indigency Act, Form No.2)

DOCKET NO.

**Case Number:**                      **Charge Description:**

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NAME OF APPLICANT			
ADDRESS			
TELEPHONE NUMBER(S)			
DATE OF BIRTH		SOCIAL SECURITY NO.	
NAMES OF CO-DEFENDANTS			

1. **Are you presently employed?**                      Yes                       No

a. If "yes", state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If "no", state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

2. **Include employment information for the spouse, if applicable.**

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If the spouse is not currently employed, state the name and address of last employment, date of termination of employment, and amount of salary or wages per month.

SALARY OR WAGES	NAME AND ADDRESS OF EMPLOYER	TERMINATION

<b>PER MONTH</b>		<b>DATE</b>

3. List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.

NAME	AGE	RELATIONSHIP	AMOUNT OF SUPPORT

4. **Have you received within the past twelve months any money from any of the following sources?**

- a. Business, profession or form of self-employment?      Yes       No
- b. Rent payments, interest or dividends?                      Yes       No
- c. Pensions, annuities or life insurance payments?          Yes       No
- d. Gifts or inheritances?    Yes       No
- e. Any other sources?    Yes       No

If the answer to any of the above is "yes", describe each source of money and state the amount received from each during the past twelve months.

SOURCE OF MONEY	AMOUNT

5. **Do you own cash, or do you have any money in a checking or savings account?**

Yes       No       If the answer is "yes", state the total amount of the cash owned.      \_\_\_\_\_

6. **Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?**      Yes                       No

If the answer is "yes", describe the property and state the appropriate value of the items owned.

\_\_\_\_\_

7. **What kind of motor vehicle do you own?**      \_\_\_\_\_      Is it paid for?      Yes       No

If not, what are the payments?      \_\_\_\_\_

8. **How much do you owe (on liens, mortgages, other encumbrances or debts)?**

RENT/Morgage: \$              ; Elec.: \$              ; Food/Groceries: \$      Transportation/Gas: \$              ;
Car Insurance: \$

I do solemnly swear that the account by me delivered into this court with my application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was, in any respect, entitled to, in possession, remainder or reversion and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned herein.

**I understand the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in an amount equal to the cost of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand that such claim shall be filed in the office of the Clerk of Court in the county where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the court, part of all of such claim is reduced to judgment by appropriate order of the court after serving me with at least thirty (30) days notice that judgment will be entered.**

**I understand that, pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Clerk of Court for public defender services or other appointed counsel.**

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least thirty days' notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Juvenile

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (if applicable)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_  
(L.S.)



The applicant's request for court-appointed counsel is hereby  **granted** /  **denied**.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk or Deputy Clerk

\_\_\_\_\_, South Carolina

“I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment by contempt.”

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Name

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Date