

Family Court Services Designated Fund
Application

Please complete this Application and Affidavit Verifying Income. Mail or fax this document with a copy of your Court Order for Mediation, GAL, or Supervised Access (or other CFCC approved project in your district such as Interim Time Parenting Plan in 6th and 5th Districts or Janet has Family Needs Assessment, etc.) to: _____ District Family Court Services, Attn: _____ (your name) _____, Your address, city, State & Zip along with your fax number if you are willing to accept a fax.

I, _____, apply for Family Court Services Fund for the following court ordered service(s):

*To speed up your approval for funding, **please include a copy of the Order with this application***

Supervised Visitation and/or Exchange

Child Custody Mediation Name of Mediator _____

To prepare for mediation, I attended Focus on Children classes on _____ (date)

Court Appointed Guardian Ad Litem Name of GAL _____

Interim Parenting Time Consultation

Family Needs Assessment

- I understand the Family Court Services Fund is only available to people who meet **Family Court Services financial** eligibility standards and have dependant, minor children.
- I understand that funding is only available for services that have been ordered by the court.
- I understand that the Family Court Services Fund is not an entitlement program and even though I may be eligible, there may not be any money available.
- I understand that if the Family Court Services Fund becomes unavailable for any reason, the funding for the service will stop.
- I understand that I am responsible for making and keeping all appointments with service providers and Project staff. Further, I understand that if I fail to keep scheduled appointments, my Family Court Services Funding may be terminated and I may be billed for costs.

Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

**AFFIDAVIT VERIFYING INCOME
Family Court Services Designated Fund**

STATE of Idaho)
) ss.
County of _____)

I hereby state under oath that the following information is true:

A. ALL HOUSEHOLD MONTHLY INCOME BEFORE TAXES *Please Note-this form differs from your Affidavit Verifying Income required to compute child support. According to the policies of this fund, if you have remarried, re-partnered or live with your parents, you must include the income of all adult members of the household.

- 1. A. Wages, salary, commissions, bonuses, rent *received* A1_____
- 2. Social security income, worker's comp, Unemployment Disability, or veterans' benefits *received* by household A2_____
- 3. Alimony *Received (average each month)* A3_____
- 4. Other income, grants, trust fund distributions, (include Food Stamp award) A4_____
- 5. **INCOME SUBTOTAL** (add lines A1 thru A4for subtotal) **A5**_____

B. DEDUCTIONS FROM MONTHLY INCOME

- 1. Are you self employed? *circle* **B1**Yes / No
If Yes fill in line a & b If No skip to line 2
 - a. Straight line depreciation on assets monthly (as reported to IRS (*only if self-employed*)) **a**_____
 - b. One-half of self-employment Social Security taxes **b**_____
- 2. Do you *pay* Child support or alimony? *circle* **B2** Yes / No
 - a. If Yes, fill in amount **paid** each month **a**_____
- 3. **DEDUCTIONS SUBTOTAL** (add lines B1 a&b + B2 a) **B3**_____

C. **ADJUSTED MONTHLY INCOME**
Income Subtotal Line A5 _____

Less Deductions Subtotal Line B3 - _____

C. (Subtract line B3 from line A5) ADJUSTED INCOME TOTAL* D _____

You must fill in this line to be considered for this fund

D. ASSETS: Include assets owned by yourself and your spouse if you have remarried.

1. I (we) have cash on hand or in financial institutions. D1\$

Please list all financial institutions which hold these assets:

2. I (we) have Stocks, Bonds, CDs, 401K, or other Retirement D2\$

Accounts, Securities or Interest

E. **NUMBER IN HOUSEHOLD INCLUDING SELF: E _____**

(Adults and children who reside with you over 50% of time)

Printed Name of Person Signing

Signature of Party Submitting

Subscribed and sworn to before me on _____, 20_____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____