

Family Court Services Funding Application

Please complete and sign this Application and Affidavit Verifying Income. Incomplete applications may not be approved. Allow at least 8 business days after date received to process your application. *Include a copy of your Court Order/Judgment* for Mediation, Brief Focused Assessment, Supervised Access, Parenting Time Evaluation, or Co-Parenting Education.

Hand deliver to Family Court Services or

**Mail to: Attn: Shelley Carson M. Coun/LPC, Family Court Services Manager, 260 4th North, Suite #B
P.O. Box 126, Twin Falls, Idaho 83303-0126**

or

fax to the Family Court Services Office (208) 735-4360

or

email to scarson@idcourts.gov

If you have any questions please call (208) 735-4307

<http://www.5thjudicialdistrict.com/family-court/family-court-services/>

I, _____, [print name] Phone number _____,
Case number _____, County _____ apply for Family Court
Services Fund for the following court ordered service (check ONE box):

☐ **Child Custody Mediation** Name of Mediator: _____. To
prepare for mediation, I attended Focus on Children on _____ (date).*

**Failing to attend Focus on Children may result in denial of your application for
assistance.*

☐ **Supervised Visitation and/or Exchange** Name of Provider: _____

☐ **Brief Focused Assessment** Name of Assessor: _____

☐ **Parenting Time Evaluation** Name of Evaluator: _____

☐ **Co-Parenting Education:** _____

I understand the following (please initial after each statement):

- a) Funding is only available to people who meet Family Court Services financial eligibility standards and have dependent, minor children. ____ initial
- b) Funding is only available for services that have been ordered by the court. ____ initial
- c) I understand that I must choose someone from the list of providers given to me by Family Court Services. ____ initial
- d) The Family Court Services Fund is not guaranteed. Even though I may be eligible, there may not be money available. ____ initial

- e) If funding becomes unavailable for any reason, the funding for the service will stop.
_____ initial
- f) I am responsible to pay fees charged by the service providers which are not paid by the Family Court Services Fund. _____ initial
- g) I am responsible for making and keeping all appointments with service providers. I understand that if I fail to keep scheduled appointments, my funding may be terminated and I will be responsible to pay my provider for costs. _____ initial
- h) Funding is available for services after I have been approved. The funding will not pay services I have received prior to approval. _____ initial
- i) I understand that there is a limit on the amount that is paid for services available for assistance through Family Court Services. _____ initial
- j) I understand that Family Court Services, the FIRST Judicial District and the Idaho Supreme Court make no guarantees, express or implied, regarding services, performance, or conduct of service providers funded through the Family Court Services Designated Fund.
_____ initial

Signature of Applicant

Date

Print Name

Number of Children Affected by this Court Action? _____

STAFF USE ONLY ☐ Approved ☐ Not Approved

☐ Applicant approved for: ☐ 25% ☐ 50% ☐ 75% ☐ 90% of costs to be paid by FCS Fund, not to exceed \$_____. Applicant is responsible for remaining ___% according to the limits of the fund.

Authorized Signature: _____ Date: _____

Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address

Case No.: _____

Petitioner,
vs.

Respondent.

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. Other State or Federal income, Worker's comp, Unemployment Disability, or veterans' benefits *received* by household A2_____
3. Alimony *Received (average each month)* A3_____
4. Other income A4_____
5. **INCOME SUBTOTAL** (add lines A1 thru A4for subtotal) **A5**_____

B. DEDUCTIONS FROM MONTHLY INCOME

1. Are you self-employed? 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? **B2** Yes / No
(*Do Not Check 'Yes' if you are not Current on your Child Support Obligation.)

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** -

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

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

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

1. I (we) have cash on hand or in banks \$

2. I (we) own personal property valued at \$

3. I (we) own stocks, bonds, securities, retirement account or interest
\$

G. DO YOU RECEIVE FOOD STAMPS OR SOCIAL SECURITY SUPPLEMENTAL INCOME?

Y/N

F. NUMBER IN HOUSEHOLD INCLUDING SELF:

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

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed

Signature