FAMILY COURT SERVICES DESIGNATED FUNDS APPLICATION TO REDUCE OR WAIVE FEES

Please complete, **notarize**, then hand deliver, mail or fax application and include a <u>copy of judge's</u> <u>order</u> to: FAMILY COURT SERVICES, P.O. BOX 126, 260 4TH AVE NORTH, TWIN FALLS, IDAHO 83303 FAX 208-735-4360 You may also scan and email to anita.jones@tfco.org

I	, apply for Family Court Services Fund for the
Your name	following court ordered service(s):
{ } Supervised Visitation and/or exchange	Name or Supervisor
{ } Child Custody Mediation	Name of Mediator
{ } Brief Focused Assessment	Name of Evaluator
{ } Parenting Time Assessment	Name of Evaluator
{ } Other approved project in district	Name of Provider
been ordered by the court. I understand that I must choose someone from the Services. I understand that Family Court Services is not a may not be any more funding available. I understand that if for any reason Family Court services will end. I understand that I am responsible for making a staff. Further I understand that if I fail to keep school terminated and I will be billed for costs. I understand I am responsible to pay any fees chell understand that Family Court Services, the 5th no guarantees, express or implied, regarding Services, Idaho Supreme Court Family Court Services Design	
Signature of Applicant	Date
Staff Use Only below	
{ } Approved { } Not Approved Authoriz	zed Signature Date
Applicant approved for: 25% 50% 75% 90	% 100% of costs, not to exceed

Full Name of Party submitting this document	
Mailing address (street or post office box) Pho	one #
City, State Zip	
Plaintiff	
vs	
Respondent State of Idaho } County of}	
I hereby state under oath that the following information is	true:
1. ALL HOUSEHOLD MONTHLY INCOME I form differs from your Affidavit Verifying Income According to policies of this fund, if you have remparents, you must include the income of all adult not a. Wages, salary, commissions, bonuses, rent	e required to compute child support. carried, re-partnered or live with your nembers of the household. received, net income A1 \$
 b. Social Security income, workers comp, une payments, veterans benefits received by ho c. Alimony received (average each month) 	ousehold A2 \$ A3 \$
d. Other income such as school grants, loans,e. INCOME SUBTOTAL (add linesA1-A	
2. DEDUCTIONS FROM MONTHLY INCOM a. Are you self-employed?	IE Circle B1 Yes No
If yes fill in line a & b, If no skip to line	2
i. Straight line depreciation on assets moii. One-half of self-employment Social So	, , ,
b. Do you pay child support of	or alimony Cannot claim if not current
	B2 Yes No
c. If yes, fill in the total amou	
d. DEDUCTION SUBTOTAL (add linese. DO YOU RECEIVE FOOD STAMPS OR SO	B1 and B2 Total B3 DCIAL SECURITY INCOME?
YesNO 3. ADJUSTED MONTHLY INCOME	
Income Subtotal	A5
Less Deductions Subtotal	A6

4. (Subtract line B3 from A5) Adjusted Income Totala. You must fill in this line to be considered for funds	D
 NUMBER IN HOUSEHOLD INCLUDING SELF Adults and children who reside with you over 50% of time You may not count children not currently residing with you 	
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CERTIFICATION UNDER PENALTY OF PERJURY	<u>Z</u>
I certify under penalty of perjury pursuant to the law of the State of Idaho that the and correct.	ne foregoing is true
Date:	

Signature

Typed/printed