

**FAMILY COURT SERVICES DESIGNATED FUNDS  
APPLICATION TO REDUCE OR WAIVE FEES**

Please complete, **notarize**, then hand deliver, mail or fax application and include a **copy of judge's order** to: FAMILY COURT SERVICES, P.O. BOX 126, 260 4<sup>TH</sup> 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 following court ordered service(s):  
Your name

- 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 \_\_\_\_\_

**Initial**

\_\_\_\_I understand the Family Court Services Fund is only available to people who meet income eligibility standards and have dependent, minor children. Additionally, I understand that funding is only available for services that have been ordered by the court.

\_\_\_\_I understand that I must choose someone from the list of court-approved providers given to me by Family Court Services.

\_\_\_\_I understand that Family Court Services is not an entitlement program and even though I may be eligible, there may not be any more funding available.

\_\_\_\_I understand that if for any reason Family Court Services Fund is unavailable the funding for prior approved services will end.

\_\_\_\_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 appointment, my Family Court Services funding may be terminated and I will be billed for costs.

\_\_\_\_I understand I am responsible to pay any fees charges by service providers not paid by Family Court Services.

\_\_\_\_I understand that Family Court Services, the 5<sup>th</sup> Judicial District of Idaho and the Idaho Supreme Court make no guarantees, express or implied, regarding Services, performance, or conduct of service provider funded through the Idaho Supreme Court Family Court Services Designated Funds

\_\_\_\_\_  
Signature of Applicant Date

**Staff Use Only below**

Approved  Not Approved Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant approved for: 25% 50% 75% 90% 100% of costs, not to exceed \_\_\_\_\_**



4. (Subtract line B3 from A5) Adjusted Income Total  
a. You must fill in this line to be considered for funds **D** \_\_\_\_\_

5. NUMBER IN HOUSEHOLD INCLUDING SELF  
a. 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**

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