

CONFIDENTIAL

JV-132

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NO.:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILDREN'S NAMES:		
FINANCIAL DECLARATION—JUVENILE DEPENDENCY		CASE NUMBER:

1. Personal Information:

Name:		Social Security Number:			
Other names used:					
I.D. or Driver's License Number:			Date of Birth:		Age:
Relationship to Child: <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Other Responsible Person (specify):					
Street or Mailing Address:					
City:	State:	Zip:	Phone:	Alternate Phone:	
Marital Status: <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Domestic partner <input checked="" type="checkbox"/> Separated <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed					
Name of Spouse/Partner:			Number of dependents living with you:		
Names and ages of dependents:					

2. I receive (check all that apply): Medi-Cal SNAP (food stamps) SSI SSP
 County Relief/General Assistance CalWORKS or Tribal TANF (Temporary Assistance to Needy Families)
 IHSS (In-Home Supportive Services) CAPI (Case Assistance Program for Aged, Blind, and Disabled)
 California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
 Unemployment compensation

3. My gross monthly household income (before deductions for taxes) is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$535.42 for each extra person.
1	\$1,518.75	3	\$2,589.59	5	\$3,660.42	
2	\$2,054.17	4	\$3,125.00	6	\$4,195.84	

4. I have been reunified with my child(ren) under a court order (attached).

5. I am receiving court-ordered reunification services.

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CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

6. Employment:

Your Employment				Your Spouse/Partner's Employment			
Employer:				Employer:			
Address:				Address:			
City and Zip Code:		Phone:		City and Zip Code:		Phone:	
Type of Job:				Type of Job:			
How long employed:	Working now?	Monthly salary:	Take home pay:	How long employed:	Working now?	Monthly salary:	Take home pay:
If not now employed, who was your last employer? <i>(Name, Address, City, and Zip Code):</i>				If not now employed, who was this person's last employer? <i>(Name, Address, City, and Zip Code):</i>			
Phone number of last employer:				Phone number of last employer:			

7. Other Monthly Income and Assets:

Other Income	Assets: What Do You Own?
Unemployment \$	Cash \$
Disability \$	Real Property/Equity \$
Social Security \$	Cars and Other Vehicles \$
Workers' Compensation \$	Life Insurance \$
Child Support Payments \$	Bank Accounts <i>(list below)</i> \$
Foster Care Payments \$	Stocks and Bonds \$
Other Income \$	Business Interest \$
Total \$	Other Assets \$
	Total \$
	Name and branch of bank:
	Account numbers:

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CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

8. Expenses:

Monthly Household Expenses	Reunification Plan: Monthly Cost of Required Services
Rent or Mortgage Payment \$	Parenting Classes \$
Car Payment \$	Substance Abuse Treatment \$
Gas and Car Insurance \$	Therapy/Counseling \$
Public Transportation \$	Medical Care/Medications \$
Utilities (Gas, Electric, Phone, Water, etc.)... \$	Domestic Violence Counseling \$
Food \$	Batterers' Intervention \$
Clothing and Laundry \$	Victim Support \$
Child Care \$	Regional Center Programs \$
Child Support Payments \$	Transportation \$
Medical Payments \$	In-Home Services \$
Other Necessary Monthly Expenses \$	Other \$
Total \$	Total \$

9. Loan/Expense Payments (other than mortgage or car loan):

Name of lender and type of loan/expense	Monthly payment	Balance owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

FOR FINANCIAL EVALUATION OFFICER USE ONLY

TOTAL INCOME	\$	COST OF LEGAL SERVICES	\$
TOTAL EXPENSES	\$	MONTHLY PAYMENT	\$
NET DISPOSABLE INCOME	\$	TOTAL COST ASSESSED	\$

The above-named responsible person is presumed unable to pay reimbursement for the cost of legal services in this proceeding and is eligible for a waiver of liability because

- he or she receives qualifying public benefits
- his or her household income falls below 125% of the current federal poverty guidelines
- he or she has been reunified with the child(ren) under a court order and payment of reimbursement would harm his or her ability to support the child(ren).

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF FINANCIAL EVALUATION OFFICER)