

Family Court Services Funding Application

Please complete and sign this Application and Affidavit Verifying Income. Incomplete applications may not be approved. Allow at least 5 business days after date received to process your application. **Include a copy of your Court Order** for Mediation, Brief Focused Assessment, Supervised Access or Parent Coordination/Evaluation. You may email to: jjwhite@co.bonneville.id.us, hand deliver to Family Court Services, Fax to (208) 524-7924, or mail to: 605 N Capital Ave, Idaho Falls, Idaho, 83402.

I, _____, [print name] 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 Supervisor: _____

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.
- 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 _____ 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? _____

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 <i>received</i> | A1_____ |
| 2. | Other State or Federal Income, Worker's comp, Unemployment Disability, or veterans' benefits <i>received</i> by household | A2_____ |
| 3. | Alimony <i>Received (average each month)</i> | 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? <i>circle</i> | B1 <u>Yes / No</u> |
| | If Yes fill in line a & b If No skip to line 2 | |
| | a. Straight line depreciation on assets monthly (as reported to IRS (<i>only if self-employed</i>)) | a_____ |
| | b. One-half of <u>self-employment</u> Social Security taxes | b_____ |
| 2. | Do you <i>pay</i> Child support or alimony? <i>circle</i> | B2 <u>Yes / No</u> |
| | a. If <u>Yes</u> , 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 vehicle(s) valued at \$ _____
4. I (we) own real property valued at \$ _____
5. I (we) own stocks, bonds, securities, or interest \$ _____

F. DO YOU RECEIVE FOOD STAMPS OR SOCIAL SECURITY SUPPLEMENTAL INCOME? **Y/N**

G. NUMBER IN HOUSEHOLD INCLUDING SELF: _____
(Adults and children who reside with you over 50% of time)
Number of Adults: _____
Number of Children: _____
Children's Initials: _____

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