

# CONFIDENTIAL

JV-132

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

**1. Personal Information:**

Name:		Social Security Number:	
Other names used:			
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father		I.D. or Driver's License Number:	
<input type="checkbox"/> Other Responsible Person (specify):			
Address:		Date of Birth:	Age:
City:	Zip:	Phone:	Alternate Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input 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)

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 \$435.42 for each extra person.
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	

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

5.  I am receiving court-ordered reunification services.

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:

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)