

Family Court Services Funding Application

Please complete and sign this Application and Affidavit Verifying Income. Incomplete applications may not be approved. Allow at least eight business days after date received to process your application. *Include a copy of your Court Order* for Mediation, Brief Focused Assessment, Supervised Access, Parenting Time Evaluation, or Co-Parenting Education. You may email to: fcmorsrd@adaweb.net, Hand deliver to Family Court Services, or mail to: Renée Morse, Family Court Services, 200 West Front Street, Boise ID 83702.

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 facility: _____

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. ____ initial
- 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. ____ 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? _____

STAFF USE ONLY Approved Not Approved

Applicant approved for: 25% 50% 75% 90% of costs to be paid by FCS Fund, not to exceed \$ _____. Applicant is responsible for remaining _____% according to the limits of the fund.

Authorized Signature: _____ Date: _____

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.

AFFIDAVIT VERIFYING INCOME
Family Court Services Designated Fund

Respondent.

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 *received* A1_____
- 2. Other State or Federal income, Worker's comp, Unemployment Disability, or veterans' benefits *received* by household A2_____
- 3. Alimony *Received (average each month)* 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? *circle* **B1** Yes / No
If Yes fill in line a & b If No skip to line 2
 - a. Straight line depreciation on assets monthly (as reported to IRS (*only if self-employed*)) a_____
 - b. One-half of self-employment Social Security taxes b_____
- 2. Do you *pay* Child support or alimony? *circle* **B2** Yes / No
 - a. If Yes, 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

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 \$ _____

G. DO YOU RECEIVE FOOD STAMPS OR SOCIAL SECURITY SUPPLEMENTAL INCOME? _____ Y/N _____

F. NUMBER IN HOUSEHOLD INCLUDING SELF: _____

(Adults and children who reside with you over 50% of time)

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