

CONFIDENTIAL

JV-132

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NO.: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
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 type="checkbox"/> Parent <input type="checkbox"/> Other Responsible Person (specify):			
Street or Mailing Address:			
City:	State:	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 for Needy Families*)
 IHSS (*In-Home Supportive Services*) CAPI (*Cash 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 \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

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? (name, address, city, and zip code):				If not now employed, who was this person's last employer? (name, address, city, and zip code):			
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	\$
Car Payment	\$
Gas and Car Insurance	\$
Public Transportation	\$
Utilities (Gas, Electric, Phone, Water, etc.)....	\$
Food	\$
Clothing and Laundry	\$
Child Care	\$
Child Support Payments	\$
Medical Payments	\$
Other Necessary Monthly Expenses	\$
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

- they receive qualifying public benefits
- their household income falls below 200% of the current federal poverty guidelines
- they have been reunified with the child(ren) under a court order and payment of reimbursement would harm their ability to support the child(ren).

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF FINANCIAL EVALUATION OFFICER)