

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@idcourts.gov, hand deliver to Family Court Services, 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:** _____

☐ **Child Interview:** _____

☐ **Other:** _____

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? _____

STAFF USE ONLY ☐ Approved ☐ Not Approved

☐ Applicant approved for: ☐ 25% ☐ 50% ☐ 75% ☐ 90% ☐ 100% of costs to be paid by FCS Fund, not to exceed \$_____. Applicant is responsible for remaining __% according to the limits of the fund.

Repayment Required? Yes No

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.

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 *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 A4 for 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

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