CONFIDENTIAL

JV-132

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NO.:		*FOR COURT USE ONLY*
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR (*name*):			
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: ☐ Parent ☐ Other Responsible Person *(specify):*				
Street or Mailing Address:				
City:	State:	Zip:	Phone:	Alternate Phone:
Marital Status: ☐ Married ☐ Single ☐ Domestic partner ☐ Separated ☐ Divorced ☐ 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) ☐ Supp. Sec. Income (SSI) ☐ SSP
   - ☐ County Relief/General Assistance
   - ☐ CalWORKS or Tribal TANF *(Temporary Assistance for Needy Families)*
   - ☐ IHSS *(In-Home Supportive Services)*
   - ☐ Cash Assistance Program for [Aged, Blind, or Disabled] Immigrants (CAPI)
   - ☐ 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	
1	$2,660.00	3	$4,553.33	5	$6,446.67	*If more than 6 people at home, add $946.67 for each extra person.*
2	$3,606.67	4	$5,500.00	6	$7,393.33	

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: RESPONSIBLE PERSON'S NAME:	CASE NUMBER:

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 *(list below)*	$
Foster Care Payments	$	Stocks and Bonds	$
Other Income	$	Business Interest	$
Total	$	Other Assets	$
		Total	$
		Name and branch of bank:	
		Account numbers:	

CONFIDENTIAL

CHILDREN'S NAMES: RESPONSIBLE PERSON'S NAME:	CASE NUMBER:

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

- ☐ 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

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear