

Financial Information Confidential (Local Rule 14.3(f))		<u>Court Use Only (if applicable):</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials _____
IN RE:		
CASE NUMBER:		

PARTY INFORMATION

Full Name: _____ Date of birth: _____ Telephone: _____

Residence Address: _____
(City) (State) (Zip Code)

Mailing Address (if different from above): _____
(City) (State) (Zip Code)

Social Security Number: _____ Driver's License Number: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse's Name: _____ Number of Children under 18: _____ Ages: _____

Are the children in the home? Yes No

I receive (pick all that apply):

- Food stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. IHSS Cal WORKS or Tribal TANF
- CAPI WIC Unemployment

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 are at home, add \$856.67 for each extra person.
1	\$2,430.00	3	\$4,143.34	5	\$5,856.67	
2	\$3,286.67	4	\$5,000.00	6	\$6,713.34	

Employment and Income

Currently, Employed? Yes No

Receiving Unemployment Yes No Amt. \$ _____

Receiving Social Security Yes No Amt. \$ _____

Gross Salary per Month: \$ _____

Total Monthly Deductions: \$ _____

Net Salary per month (after taxes): \$ _____

Other Income (List Source & Amount): \$ _____
 \$ _____

Child Support: \$ _____

Total Monthly Income: \$ _____

Monthly Expenses

Rent/House Payment: \$ _____

Utilities & Telephone: \$ _____

Monthly Food & Household Expenses: \$ _____

Monthly Medical/Dental Expenses: \$ _____

Transportation, gas, repair, insurance: \$ _____

Clothing/Laundry: \$ _____

Child, Spousal Support: \$ _____

Other Court fines: \$ _____

School, Child Care: \$ _____

Installment payments: \$ _____
 \$ _____

Total Monthly Expenses: \$ _____

