

Family Court Services Designated Fund Application

Please complete and **hand deliver or mail** along with a copy of your *Order for Mediation, Supervised Access Order, Interim Parent Time Order, Family Needs Assessment Order, Effective Co-Parenting, etc. (and others that fit your district)* to: **Family Court Services, P.O. Box 126, Twin Falls, ID 83318.**
Telephone: (208) 735-4307

I, _____, apply for Family Court Services Fund for the following court ordered service(s):

*To speed up approval for funding, **please be sure to include a copy of the Order** with this application.*

Supervised Visitation and/or Exchange Name of Provider _____

Child Custody Mediation Name of Mediator _____

To prepare for mediation, I attended the Focus on Children Class (or Parenting Apart Class) on _____(date)

(Other CFCC approved projects in your district, i.e. Interim Parenting Time Evaluation, etc.).
Name of Provider _____

I understand the Family Court Services Fund is only available to people who meet income eligibility standards and have dependant, minor children. Additionally, I understand that funding is only available for services that have been ordered by the court.

I understand that I must choose someone from the list of court-approved providers given to me by Family Court Services.

I understand that the Family Court Services Fund is not an entitlement program and even though I may be eligible, there may not be any money available.

I understand that if the Family Court Services Fund becomes unavailable for any reason, the funding for the service will stop.

I understand that I am responsible for making and keeping all appointments with service providers and Project staff. Further, I understand that if I fail to keep scheduled appointments, my Family Court Services Funding may be terminated and I may be billed for costs.

I understand I am responsible to pay any fees charged by the service providers which are not paid by the Family Court Services Fund.

I understand that Family Court Services, the Fifth Judicial District of Idaho and the Idaho Supreme Court make no guarantees, express or implied, regarding services, performance, or conduct of service providers funded through the Idaho Supreme Court Family Court Services Designated Fund.

Signature of Applicant

Date

Number of Children Affected by this Court Action? _____

STAFF USE ONLY

Approved Not Approved

Authorized Signature

Date

Applicant approved for: 25% 50% 75% 90% 100% of costs, not to exceed \$ _____.

Repayment Required? Y N

Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Case No.: _____

_____,
Plaintiff,
vs.
_____,
Defendant.

**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. Wages, salary, commissions, bonuses, rent received, net business income, etc. A1_____
- 2. Social security income, worker's comp, unemployment disability, or veterans' benefits *received* by household A2_____
- 3. Alimony *Received (average each month)* A3_____
- 4. Other income, grants, public assistance, welfare for self (not children), (include Food Stamp award) A4_____
- 5. **INCOME SUBTOTAL** (add lines A1 thru A4for subtotal) **A5**_____

B. DEDUCTIONS FROM MONTHLY INCOME

- 1. Are you self employed? *circle* B 1 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 for the children of this or other relationships? *circle* B2 Yes / No
 - a. If Yes, fill in the total 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. NUMBER IN HOUSEHOLD INCLUDING SELF:

E _____

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

Printed Name of Person Signing

Signature of Party Submitting

Subscribed and sworn to before me on _____, 20_____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____