

ATTORNEY OR PARTY WITHOUT AN ATTORNEY ( <i>Name, State Bar number and address</i> ):  TELEPHONE NO: E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ):	For Court Use Only
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b>  STREET ADDRESS: CITY AND ZIP CODE: TELEPHONE NO:	
CHILDREN'S NAMES:	
<b>JUVENILE LAW – FINANCIAL DECLARATION</b>	CASE NUMBERS:

**1. Personal Information:**

Name:		Social Security Number:	
Other names used:			
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Responsible Party ( <i>specify</i> ):		I.D. or Drivers License:	
Address:		Date of Birth:	Age:
City:	Zip:	Phone:	Alternate Phone:

2. I receive (*check all that apply*):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  
 IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance to Needy Families)  CAPI (Case Assistance Program for Aged, Blind and Disabled)
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 in family add \$412.50 for each extra person
1	\$1,163.55	3	\$1,988.55	5	\$2,813.55	
2	\$1,576.05	4	\$2,401.05	6	\$3,226.05	

**4. Family:**

a. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner b. Name of Spouse/Partner: c. Number of Dependents Living with You: d. Dependents' Names and Ages:
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CHILDREN'S NAMES: RESPONSIBLE PARTY'S NAME:	CASE NUMBERS:
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### 5. Employment

Your Employment				Spouse/Partner Employment			
Employer:				Employer:			
Address:				Address:			
City and Zip:	Phone:			City and Zip:	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 last employer? (Name, Address and Zip Code)				If not now employed, who was last employer? (Name, Address and Zip Code)			
Phone number of last employer:				Phone number of last employer:			

### 6. Income and Assets:

Other Income			What do you own?		
Unemployment and Disability	\$	_____	Cash	\$	_____
Social Security/SSI/SSP/SSD	\$	_____	Real Property /Equity	\$	_____
CalWORKS/Tribal TANF	\$	_____	Cars and Other Vehicles	\$	_____
General Relief	\$	_____	Life Insurance	\$	_____
Worker's Compensation	\$	_____	Bank Accounts (list below)	\$	_____
Child Support Payments	\$	_____	Stocks and Bonds	\$	_____
Foster Care	\$	_____	Business Interest	\$	_____
Other Income	\$	_____	Other Assets	\$	_____
Total	\$	_____	Total	\$	_____
			Name and branch of Bank	_____	
			Account Numbers	_____	
			_____		

CHILDREN'S NAMES: RESPONSIBLE PARTY'S NAME:	CASE NUMBERS:
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**7. Expenses**

List your monthly household expenses	Monthly cost of services required by your reunification plan
Rent or Mortgage Payment..... \$ _____	Parenting Classes..... \$ _____
Car Payment..... \$ _____	Substance Abuse Treatment..... \$ _____
Gas and Car Insurance..... \$ _____	Therapy/Counseling..... \$ _____
Public Transportation..... \$ _____	Medical Care/Medications..... \$ _____
Utilities (Gas, Elec., Phone, Water)..... \$ _____	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 \$ _____

**8. Loan/Expense Payments**

Name of lender and type of loan/expense	Monthly Payment	Balance owed
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I certify under penalty of perjury that the above information is true and correct.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME OF RESPONSIBLE PARTY) (SIGNATURE OF RESPONSIBLE PARTY)

<b>FOR FINANCIAL EVALUATOR USE ONLY</b>			
TOTAL INCOME	\$ _____	FEES BASED ON UNIFORM COST MODEL	\$ _____
TOTAL EXPENSE	\$ _____	MONTHLY PAYMENT	\$ _____
NET DISPOSABLE INCOME	\$ _____	TOTAL FEES ASSESSED	\$ _____