

Family Court Services Designated Fund  
**Application**

**Please complete this Application and Affidavit Verifying Income. Mail or hand deliver this document with a copy of your Court Order for Mediation, or Supervised Access to: Family Court Services, Attn: Renée Morse, 200 West Front Street, Boise Idaho 83702.**

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

**To speed up your approval for funding, please include a copy of the Order with this application**

Supervised Visitation and/or Exchange

Child Custody Mediation      Name of Mediator \_\_\_\_\_ (date)

To prepare for mediation, I attended Focus on Children on \_\_\_\_\_

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

\_\_\_\_\_  
Print Name

Number of Children Affected by this Court Action? \_\_\_\_\_

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**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

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No.: \_\_\_\_\_

**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. 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, trust fund distributions, (include Food Stamp award) 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*)) 1a \_\_\_\_\_
  - b. One-half of self-employment Social Security taxes 1b \_\_\_\_\_
- 2. Do you *pay* Child support or alimony? *circle* B2 Yes / No
  - a. If Yes, fill in amount **paid** each month 2a \_\_\_\_\_
- 3. **DEDUCTIONS SUBTOTAL** (add lines B1a, 1b, and 2a) **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\*

D. ASSETS: Include assets owned by yourself and your spouse if you have remarried.

1. I (we) have cash on hand or in financial institutions. D1\$ \_\_\_\_\_  
Please list all financial institutions which hold these assets:

\_\_\_\_\_

2. I (we) have stocks, bonds, CDs, 401K, or other retirement D2\$ \_\_\_\_\_  
accounts, securities or interest.

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: \_\_\_\_\_