

FAMILY COURT: REPORT OF FINANCIAL STATUS

Client must complete and counsel must upload to the correct file in the Voucher Folder of the Documents Tab

Client: \_\_\_\_\_ Petition #: \_\_\_\_\_

Attorney: \_\_\_\_\_

The above-named client states the following:

I. CLIENT: Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ # of dependents (spouse & children under 21, not incl. Self): \_\_\_\_\_
Public Benefit # (public assistance, Medicaid, SSI benefit, food stamps): \_\_\_\_\_
Country in which client was born: \_\_\_\_\_ Is client a U.S. citizen? [ ] Yes [ ] No
Has client served in the Military? [ ] Yes [ ] No

Address \_\_\_\_\_ City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_
Any other current cases pending in any Court? If so, state Court, type of matter, and name of attorney: \_\_\_\_\_

If under age of 21: Parents' names & addresses \_\_\_\_\_

Does client live with parents? [ ] Yes [ ] No If not, how long lived away? \_\_\_\_\_
Ttl. # of persons in parental household, incl. client \_\_\_\_\_
Reason not living with parents: \_\_\_\_\_

II. INCOME: ALL FIGURES SHOULD BE GROSS AMOUNTS. Do not use "ditto" marks.

Table with 5 columns: Client, Spouse, Father, Mother. Rows include Employment Income/week, Unemployment/week, Disability Benefits/week, Social Security/month, Pension/month, Alimony or Support/week, Rental Income/month, Food Stamps/month, Other /month.

III. ASSETS (must be completed)

Table with 5 columns: Client, Spouse, Father, Mother. Rows include Savings, checking & trust accts, Cash on hand, Vehicles owned (describe), -Value, -Amt. Owed, Real estate owned, -Value, -Amt. Owed, ASSETS TOTAL.

IV. OBLIGATIONS: All figures except rent/mortgage should be weekly (must be completed)

Table with 5 columns: Client, Spouse, Father, Mother. Rows include Spousal/child support, Other (describe for each), WKLY OBLIGAT. TTL., Monthly rent/mortgage.

V. Other pertinent financial information, eg. length of employment; \*\* If no income of own, how client supports self/survives:

I have personally provided the information in this report to my attorney. I have read this report and agree with its contents. I agree to tell my attorney at once if any of the above information changes, and agree to reimburse the Assigned Counsel Program all of its costs, including attorney costs, if I fail to do so and the change makes me ineligible for the program.

Signed: \_\_\_\_\_ Dated: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
[ ] Client [ ] Parent / Guardian