

ALLEN COUNTY SUPERIOR COURT – JUVENILE PROBATION FINANCIAL ELIGIBILITY INFORMATION FORM

TODAY'S DATE:	DATE OF CHILD'S REMOVAL:					
I. Demographic Informati	ion					
Child's Full Name:			Date of Bi	rth: (Must provide copy of Birth Certificate)		
Child's Social Security Number	er:			(Must provide copy of Birth Certificate)		
-	(Must provide copy of	of Social Security C	ard)			
II. Family Information:						
Father's Name:	Date of	Birth:	Social Securit	ty Number:		
Address:			Phone	Number:		
Mother's Name:	Date o	of Birth:	Social Securit	y Number:		
Address:	=		Phone	Number:		
Are legal parents married to or If divorced, date of divorce:	nony?If y	yes, who pays Dat Count	who, and in what fr	requency and		
<u> </u>						
	-			·		
Caregiver that child was removed If not the legal parent, provide Relationship to child: Address: Date of Birth: Social child was removed by the legal parent, provide was removed by the legal parent was re	le the following i	information:		r:		
Date of Birth: Soc Does this person have legal guarantee	cial Security Num	iber:				
(If yes, Court Order will be n How long had child resided the	eeded)	ioay of the Chi	IU1			

Updated 2/8/2011

Name: Date of Birth: Social Security Number: Was Paternity cause number: County & State ordered: Name: Date of Birth: Social Security Number: Was Paternity established? Date of Birth: Social Security Number: Was Paternity established? Date of Birth: Social Security Number: Was Paternity established? Date of Birth: Social Security Number: Was Paternity established? Date of Birth: State ordered: III. Child Support I. Is either parent under a Court Order to pay child support? If yes, complete the following pertaining to the subject of this form, as well as any other children. Person ordered to pay: Child's Full Name Date of Birth Ordered Frequency Date last paid Child's Full Name Date of Birth Ordered Frequency Date last paid Child's Full Name Date of Birth Ordered Frequency Date last paid Child's Full Name Date of Birth Ordered Frequency Date last paid Child's Full Name Date of Birth Ordered Frequency Date last paid Child's Full Name Date of Birth Frequency Date last paid Child's Full Name Date of Amount Paid (prior to the child who is the subject of this form), list the following: Person who pays: Child's Full Name Date of Amount Paid Frequency Date last paid	Name	D-44	: Diadh	Caratal C	. Novel co	
Name: Date of Birth: Social Security Number: Date established: Paternity cause number: Date established: County & State ordered:	Was Paternity established?	Date of Birth:		Social Securit	Social Security Number:	
Name: Date of Birth: Social Security Number: Date established: Paternity cause number: Date established: County & State ordered:	Paternity cause number:	Date	County & State	ordered:		
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Paternity cause number: County & State ordered: III. Child Support 1. Is either parent under a Court Order to pay child support? If yes, complete the following pertaining to the subject of this form, as well as any other children. Person ordered to pay: Child's Full Name	Name:	Date of	Birth:	Social Securit	y Number:	
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	Child's Full Name Child support is not Court Orde orm), list the following:	Date of Birth	Amount Ordered			
	Child's Full Name Child support is <u>not</u> Court Orde orm), list the following: Person who pays:	Date of Birth red, but is paid	Amount Ordered , on a prior bordered Amount	n child (prior to the c	nild who is the subject of this	
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IV. Child Related 1. Is there a work If yes, who pays an	related child care expense	for the child (subject of this form)	:
If Medicaid, pro If private, who can Amount paid for (if family cover	ovide number: carries insurance on the cherchild's insurance: age, divide total by number	r of persons insured)	
List all individuals the home:	living in the same house as	s child (subject of this form) at the	time he/she was removed from
			
the home:	living in the same house as	Date of Birth	Social Security Number
the home:			
the home:	Relationship		Social Security Number
Mother's Earned Inco	(Any additional household me	Date of Birth Embers can be listed on the back side of this pa	Social Security Number
Mother's Earned Inco Employer: Employer's address: Wages per hour: Gross wages received Father's Earned Incom Employer:	(Any additional household mome Number during month of child's reme	Date of Birth Embers can be listed on the back side of this pa Start date of employment: Trof hours per week: Emoval: Start date of employment:	Social Security Number per) Phone:
Mother's Earned Inco Employer: Employer's address: Wages per hour: Gross wages received Father's Earned Incom Employer:	(Any additional household mome Number during month of child's reme	Date of Birth Embers can be listed on the back side of this pa Start date of employment: r of hours per week: emoval: Start date of employment:	Social Security Number per)

2. Number of overnights for the child (subject of this form) with non-custodial parent:

Step-Mother's Earned Income		
Employer:	Start date of employment:	
Employer's address:	·	Phone:
Wages per hour: Number of he	ours per week:	
Employer's address: Wages per hour: Oross wages received during month of child's remova	l:	
Step-Father's Earned Income		
Employer:	Start date of employment:	
Employer's address:	start date of employment.	Phone:
Wages per hour: Number of he	ours per week:	
Employer's address: Wages per hour: Wages received during month of child's remova	l:	
Caregiver's Earned Income		
	Start date of employments	
Employer's address:	Start date of employment.	Dhana
Employer's address: Wages per hour: Number of he	ure per week	Priorie:
Gross wages received during month of child's remova	l.	
Gross wages received during month of child's femova	I	·
Caregiver's Spouse's Earned Income		
Employer:	Start date of employment:	
Employer's address: Wages per hour: Gross wages received during month of child's remova		Phone:
Wages per hour: Number of ho	ours per week:	
Gross wages received during month of child's remova	1:	
Name of other person:	_	, at the time child was removed)
Name of other person: Employer: Employer's address: Wages per hour: Number of ho	Start date of employment	,
Name of other person: Employer: Employer's address: Wages per hour: Gross wages received during month of child's remova	Start date of employment	,
Employer: Employer's address: Number of horses wages received during month of child's remova Other person's Earned Income (any other person, including month)	Start date of employment: ours per week: 1:	Phone:
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Updated 2/8/2011

Does child, parent(s), step-parent(s), and/or caregiver receive unearned income?
If yes, list person's name next to the type or types received, as well as the amount received during the month the
child was removed. Please provide verification for each additional income

ТҮРЕ	NAME OF CHILD	NAME OF PARENT/STEP- PARENT/CAREGIVER	AMOUNT RECEIVED DURING MONTH OF CHILD'S REMOVAL
Child Support			
Retirement/Pension			
Disability/Sick Benefits			
Military Allotment			
Railroad Benefits			
RSDI (Retirement, Survivor, Disability insurance from Social Security			
SSI (Supplemental Security Income from Social Security)			
UCB (Unemployment Compensation Benefits)			
VA Benefits			
Other (Including, but not limited to, working in exchange for goods and services, contributions of money, loans or payment of bills)			

Does any other household member, including siblings, receive unearned income?

If yes, list person's name next to the type or types received, as well as the amount received during the month the child was removed. Please provide verification for each additional income.

ТҮРЕ	NAME OF OTHER HOUSEHOLD MEMBER	AMOUNT RECEIVED DURING MONTH OF CHILD'S REMOVAL
Child Support		
Retirement/Pension		
Disability/Sick Benefits		
Military Allotment		
Railroad Benefits		
RSDI (Retirement, Survivor, Disability insurance from Social Security		
SSI (Supplemental Security Income from Social Security)		
UCB (Unemployment Compensation Benefits)		
VA Benefits		
Other (Including, but not limited to, working in exchange for goods and services, contributions of money, loans or payment of bills)		

(Any additional income information can be listed on the back side of this paper)

esources? _	d, parent(s), step-parent(s), caregiver, siblings or other hotomorphisms.	assented member have any of the following
• • •	Whole Life insurance for any household member? Cash Surrender Value(at time of child's removal: Insurance Company:	Owner:
	Whole Life insurance for any household member? Cash Surrender Value(at time of child's removal: Insurance Company:	Owner:

Account Holdon	Bank or Credit Union account for any/all household members?				
Account Holder: Type of account: Financial Institution:	-				
Financial Institution address:					
Names on account:	_				
Names on account: Value (at time of child's removal):	_				
Account Holder: Type of account:					
Financial Institution:	-				
Financial Institution address:					
Names on account:	_				
Value (at time of child's removal):	_				
Account Holder: Type of account: Financial Institution:	_				
Financial Institution address:					
Names on account:	_				
Value (at time of child's removal):	_				
(Additional accounts and financial institution should be listed on the back side of this paper)					
C. Other types of resources for any household member? If yes, complete below (Please provide verification)					
VALUE AT THE					
SPECIFIC NAME OF TIME OF CHILD ³ TYPE OWNER RESOURCE REMOVAL	5				
Stocks					
Bonds					
Mutual Funds					
Mutual					
Mutual Funds					
Mutual Funds IRA					
Mutual Funds IRA Annuities					
Mutual Funds IRA Annuities D. Are there any Trust Funds? If yes, for whom? (Please provide verification) Is this Trust Fund accessible without a Court Order? List the following information, reflecting the condition and value during the month child was removed, for all motor vehicles in which a household member's name appears on the registration or title to that vehicle: VEHICLE 1					
Mutual Funds IRA Annuities D. Are there any Trust Funds? If yes, for whom? Value (at time of child's removal): (Please provide verification) Is this Trust Fund accessible without a Court Order? List the following information, reflecting the condition and value during the month child was removed, for all motor vehicles in which a household member's name appears on the registration or title to that vehicle: VEHICLE 1 Owner: Vehicle Year: Make: Model:					
Mutual Funds IRA Annuities D. Are there any Trust Funds? If yes, for whom? Value (at time of child's removal): (Please provide verification) Is this Trust Fund accessible without a Court Order? List the following information, reflecting the condition and value during the month child was removed, for all motor vehicles in which a household member's name appears on the registration or title to that vehicle: VEHICLE 1 Owner: Vehicle Year: Make: Model:					
Mutual Funds IRA Annuities D. Are there any Trust Funds? If yes, for whom? (Please provide verification) Is this Trust Fund accessible without a Court Order? List the following information, reflecting the condition and value during the month child was removed, for all motor vehicles in which a household member's name appears on the registration or title to that vehicle: VEHICLE 1					

VEHICLE 2				
Owner:	_ Vehicle Year:	Make:	Model:	
Stated Value:	Amount Owed:	Body Tı	im (2 or 4 doors):	
Engine Size (4 Cylinder/V6/V	/8/Other):			
Vehicle Condition (circle one): GOOD	FAIR		
I swear or affirm under the my knowledge and belief.		jury that the abov	e information is true to the	e best of
Signature				
Printed name				
Date				
Signature				
Printed name				
Date				
Signature of Probation Officer	•			
Printed name of Probation Of	ficer			
Date				