

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**INDIO** 47-671 Oasis St., Indio, CA 92201  
 **MURRIETA** 30755-G Auld Rd., Murrieta, CA 92563

**RIVERSIDE** 9991 County Farm Rd., Riverside, CA 92503

**RI-JV011**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )     TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY     CASE NUMBER: _____
CHILD'S NAME: _____	

**PARENT/GUARDIAN'S FINANCIAL STATEMENT AND NOTICE**

- ELIGIBILITY FOR APPOINTMENT OF COUNSEL**  
 **REIMBURSEMENT FOR COST OF COURT APPOINTED COUNSEL**

1. a. Parent/Guardian's name: \_\_\_\_\_ d. Date of birth: \_\_\_\_\_  
 b. Other names used: \_\_\_\_\_ e. Telephone number: \_\_\_\_\_  
 c. Address: \_\_\_\_\_ f. Driver's License No. \_\_\_\_\_  
 g. Social Security No.: \_\_\_\_\_
2. I  am  am not  married
3. Spouse/Domestic Partner's Information  
 a. Name: \_\_\_\_\_ d. Date of birth: \_\_\_\_\_  
 b. Other names used: \_\_\_\_\_ e. Telephone No.: \_\_\_\_\_  
 c. Address: \_\_\_\_\_ f. Driver's license No.: \_\_\_\_\_
4. Parent/Guardian's Present Employment:  
 a. Occupation: \_\_\_\_\_  
 b. Name of Employer: \_\_\_\_\_  
 c. Address: \_\_\_\_\_  
 d. Gross pay per month: \$ \_\_\_\_\_ week: ~~AAA~~ \_\_\_\_\_ day: ~~AAA~~ \_\_\_\_\_  
 e. Take home pay per month: \_\_\_\_\_  
 f. Name of union: \_\_\_\_\_
5. If you are not now working, state the name and address of your last employer and the last day you were employed.  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Last date of employment: \_\_\_\_\_
6. Spouse/Domestic Partner's Present Employment  
 a. Present Employment: \_\_\_\_\_  
 b. Occupation: \_\_\_\_\_  
 c. Name of employer: \_\_\_\_\_

CHILD'S NAME: _____	CASE NUMBER: _____
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- c. Address: \_\_\_\_\_
- d. Gross pay per month: \$ \_\_\_\_\_ week:  $\frac{\text{Å}}{\text{Å}}$  \_\_\_\_\_ day:  $\frac{\text{ÅÅ}}{\text{ÅÅ}}$  \_\_\_\_\_
- e. Take home pay per month: \$ \_\_\_\_\_ week:  $\frac{\text{Å}}{\text{Å}}$  \_\_\_\_\_ day:  $\frac{\text{ÅÅ}}{\text{ÅÅ}}$  \_\_\_\_\_
- f. Name of union: \_\_\_\_\_

7. If your spouse/domestic partner is not now working, state the name and address of his/her last employer and the last day he/she was employed.
- a. Name of employer: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Last date of employment: \_\_\_\_\_

8. Your dependents (*people your support*)

Name	Address	Relationship	Age

**OTHER MONTHLY INCOME**

- |   |  |
|---|--|
| <p>9. Parent/Guardian</p> <ul style="list-style-type: none"> <li>a. Unemployment \$ _____</li> <li>b. Social Security (SSI, SSP) \$ _____</li> <li>c. TANF \$ _____</li> <li>d. Veteran's benefits \$ _____</li> <li>e. Worker's Compensation \$ _____</li> <li>f. Child support payments \$ _____</li> <li>g. Spousal support payments \$ _____</li> <li>h. CalFresh (Food Stamps) \$ _____</li> <li>i. All other income not elsewhere listed \$ _____</li> </ul> <p style="text-align: right;">TOTAL \$ _____</p> | <p style="text-align: center;">Spouse/Domestic Partner</p> <ul style="list-style-type: none"> <li>a. Unemployment \$ _____</li> <li>b. Social Security (SSI, SSP) \$ _____</li> <li>c. TANF \$ _____</li> <li>d. Veteran's benefits \$ _____</li> <li>e. Worker's Compensation \$ _____</li> <li>f. Child support payments \$ _____</li> <li>g. Spousal support payments \$ _____</li> <li>h. CalFresh (Food Stamps) \$ _____</li> <li>i. All other income not elsewhere listed \$ _____</li> </ul> <p style="text-align: right;">TOTAL \$ _____</p> |
|---|--|

**EXPENSES**

10. Monthly expenses being paid by parent/guardian (either alone or jointly with spouse/domestic partner):
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. Rent/House payment \$ _____</li> <li>b. Car payment \$ _____</li> <li>c. Transportation payment \$ _____</li> <li>d. Medical/Dental payment \$ _____</li> <li>e. Loan payment \$ _____</li> </ul> | <ul style="list-style-type: none"> <li>f. Clothing/laundry \$ _____</li> <li>g. Food \$ _____</li> <li>h. Support payment \$ _____</li> <li>i. Insurance payment \$ _____</li> <li>j. Other payment (union, taxesD) \$ _____</li> </ul> <p style="text-align: right;">TOTAL (a-j) \$ _____</p> |
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CHILD'S NAME:	CASE NUMBER:
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11. Installment payments (including credit cards) other than those listed in item 10.

	Name of Creditor	Monthly Payment		Balance Owed
a.	_____	a.	_____ \$	_____
b.	_____	b.	_____ \$	_____
c.	_____	c.	_____ \$	_____
d.	_____	d.	_____ \$	_____
e.	_____	e.	_____ \$	_____
TOTAL			_____ \$	_____

**ASSETS**

12. What do you own? (State value)

a. Cash	a.	\$	_____
b. Home equity	b.	\$	_____
c. Cars, other vehicles and boat equity (list make, year and license number of each)	c.	\$	_____ _____ _____

d. Checking, savings and credit union accounts (list name and account number of each; List the total of all accounts below)

Name of Account	Account Number
_____	_____
_____	_____
_____	_____

e. Other real estate equity	d.	\$	_____
f. Income tax refunds due	e.	\$	_____
g. Life Insurance Policies (Ordinary life-face value)	f.	\$	_____
h. Other personal property (jewelry, furniture, furs, stocks and bonds etc.)	g.	\$	_____ Length of ownership _____
	h.	\$	_____
TOTAL		\$	_____

13. ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO PARENT/GUARDIAN: If an attorney is appointed to represent your child, the court will, at the conclusion of the proceedings, after the hearing, make a determination of your ability to pay all or a portion of the cost of the attorney. Such an order will have the same force and effect as a judgment in a civil action and will be subject to execution.

**Declaration of Parent/Guardian**

I declare under penalty of perjury that the foregoing is true and correct and that I understand the notice contained in Item 13 and that this declaration was executed on:

\_\_\_\_\_ at (County) \_\_\_\_\_, California.

(DATE)

(SIGNATURE OF PARENT/GUARDIAN)