

Domestic Violence Court Fund Application

To apply for funding, you must complete this Application and Affidavit Verifying Income and email it to:

Jeniffer Rae, Domestic Violence Program Coordinator. Please fill out completely.

DVCourt@adacounty.id.gov

Purpose for funding (circle one): DV Evaluation, Treatment Intake Fee, Treatment Class, UA funding, and/or MH Evaluation

By signing this application, I represent that all of my answers are complete and accurate to the best of my knowledge and belief and that I understand and agree to the following:

- a. I understand that the funding is only available for the Purpose for Funding designated above that the Domestic Violence Court or Misdemeanor Probation has ordered.
- b. I understand the funding is only available to applicants who meet the Fund income requirements and I may not be eligible for funding.
- c. I understand that if the funding becomes unavailable for any reason, I will be responsible for payment of the full cost owed to the Evaluator and/or Treatment Provider.
- d. I understand that the Domestic Violence Program Coordinator must receive the Application and Income Affidavit prior to my appointment with the Evaluator and/or Treatment Provider and that it is my responsibility to ensure that the documents have been received.
- e. I understand that I am responsible for scheduling and attending the appointment with the Evaluator and/or Treatment Provider.
- f. I understand that the funding will not pay for any costs incurred as a result of me failing to attend a scheduled appointment with the Evaluator and/or Treatment Provider.
- g. I understand that funding may be revoked if my probation officer reports to the Domestic Violence Program Coordinator that I am not in compliance with any or all terms of my probation.
- h. I understand that I must pay for any costs that are not paid for by the Fund and, unless I have made another agreement with the Evaluator and/or Treatment Provider. I will pay such costs prior to or at the time of the appointment with the Evaluator and/or Treatment Provider.
- i. I understand that if I knowingly provide false information on the income information, I am not eligible for funding. If I receive funding due my falsely provided information, I am responsible to reimburse the Fund and my actions will be reported to the Domestic Violence Court.
- j. I understand the Domestic Violence Program Coordinator, the Judicial District where the Domestic Violence Court presides, and the Idaho Supreme Court make no guarantees, express or implied, regarding services, performance, or conduct of service providers funded through this Fund.

Signature of Applicant

Date

Case #:

Print Name

Phone Number

Please Circle

Supervised Probation/Unsupervised

STAFF USE ONLY

[] Approved [] Not Approved
\$_____.

Applicant approved for: 25% 50% 75% 90% of costs, not to exceed

Repayment Required? Y N

Authorized Signature_____

Date:

I hereby state that the following information is true:

A. **ALL HOUSEHOLD MONTHLY INCOME BEFORE TAXES** You must include the income of all family members living in the household (i.e. spouse, partner, parents).

1. Wages, salary, commissions, bonuses, rent received _____
2. Social Security income, Worker's Comp, Unemployment Disability, or Veterans' benefits *received* by household _____
3. Alimony Received (average each month) _____
4. Other income, grants, trust fund distributions, (Include Food Stamp award, but only include the portion that you receive. Do not include the portion for your children). _____
5. **INCOME SUBTOTAL** _____

B. **DEDUCTIONS FROM MONTHLY INCOME**

1. Are you self employed? circle Yes / No _____
 - a. Straight line depreciation on assets monthly _____
 - b. One-half of self-employment Social Security taxes _____
2. Do you pay Child support or alimony? circle Yes / No _____
 - a. If yes, fill in amount paid each month _____
3. **DEDUCTIONS SUBTOTAL** _____

C. **ADJUSTED MONTHLY INCOME** _____

D. **ASSETS:** Include assets owned by yourself and your spouse

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

2. I (we) have stocks, bonds, CDs, 401K, or other retirement accounts, securities or interest. _____

E. **NUMBER IN HOUSEHOLD INCLUDING SELF:** _____

(Adults and children who reside with you over 50% of time)

Printed Name of Submitting Party

Signature of Submitting Party