FINANCIAL STATEMENT OF PARENT OR CUSTODIAN TO THE FAMILY COURT OF ST. LOUIS COUNTY 105 S. Central Avenue, CLAYTON, MISSOURI 63105

COURT DATE:_	
CAUSE NO:	
DIV:	
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IMPORTANT INFORMATION		
DATE:	DJO:	
NAME OF JUVENILE(S) DOB:	Financial Statement of: Father Guardian Other:	
YOUR NAME AND ADDRESS:	DATE OF BIRTH:	
	SOCIAL SECURITY NUMBER: (Last Four Digits)	
	PHONE NUMBER(S): Home:	
	Work:	
E-Mail:	Cell:	
NAME AND ADDRESS OF YOUR EMPLOYER:	MEDICAL INSURANCE CARRIER FOR JUVENILE:	
	NO. OF DEPENDENTS: Number of people you are legally obligated to support	
	No. of Adults: No. of Children:	
MONTHLY HOUSEHOLD INCOME (use other side of paper if needed) 1. MONTHLY PAY BEFORE TAXES FROM EMPLOYMENT FOR MEMBERS OF HOUSEHOLD: A. FATHER B. MOTHER C. DEPENDENT LIVING WITH YOU 2. ANY OTHER MONTHLY INCOME RECEIVED BY MEMBERS OF HOUSEHOLD: a. SOCIAL SECURITY/SSI (for whom: b. CHILD SUPPORT RECEIVED c. WELFARE/TANF 4. DENCIONS AND ALL OTMENTS		
d. PENSIONS AND ALLOTMENTS e. ADOPTION SUBSIDY/SUBSIDIZED GUARDIANSHIP f. ANY OTHE INCOME	\$(for whom?)\$	
3. LESS CHILD SUPPORT PAID TOTAL OF ALL MONTHLY INCOME	\$ \$	
☐ I am requesting a court appointed attorney for myself. ☐ I am requesting a court appointed attorney for my child.		
UNDER PENALTY OF LAW, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE.		
SIGNATURE:	DATE:	