

**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: _____

IMPORTANT INFORMATION

This required information is necessary so the Court may determine financial responsibility for the support of your child(ren) in the event of placement away from home and/or the appointment of an attorney for you. **UNLESS OTHERWISE ORDERED, INFORMATION MUST BE RECEIVED TEN DAYS PRIOR TO HEARING.** A copy of your prior year's Federal Income Tax Return and most recent paycheck stub must accompany this document. All information received will remain confidential but may be shared with other governmental agencies.

NOTE: FAILURE TO COMPLETE THIS FORM AND RETURN YOUR TAX RETURN AND MOST RECENT PAYCHECK STUB MAY RESULT IN AN ASSESSMENT AND JUDGMENT AGAINST YOU FOR THE FULL COST OF PLACEMENT OF THE JUVENILE OR THE APPOINTMENT OF AN ATTORNEY. COLLECTION EFFORTS TO ENFORCE ANY SUCH JUDGMENT MAY INCLUDE GARNISHMENT, A LIEN AGAINST REAL ESTATE AND/OR A LIEN AGAINST ANY PERSONAL PROPERTY SUCH AS AN AUTOMOBILE.

DATE:	DJO:						
NAME OF JUVENILE(S): _____ DOB: _____	Financial Statement of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other: _____						
YOUR NAME AND ADDRESS : 	DATE OF BIRTH: _____						
	SOCIAL SECURITY NUMBER: _____						
	PHONE NUMBER(S):						
E-Mail: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td>Home: _____</td> </tr> <tr> <td></td> <td>Work: _____</td> </tr> <tr> <td></td> <td>Cell: _____</td> </tr> </table>		Home: _____		Work: _____		Cell: _____
	Home: _____						
	Work: _____						
	Cell: _____						
NAME AND ADDRESS OF YOUR EMPLOYER: 	MEDICAL INSURANCE CARRIER FOR JUVENILE: 						
	NO. OF DEPENDENTS: 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. ANYONE ELSE LIVING WITH YOU _____ (name and relationship)	\$ _____

2. ANY OTHER MONTHLY INCOME RECEIVED BY MEMBERS OF HOUSEHOLD:

a. SOCIAL SECURITY/SSI (for whom: _____)	\$ _____
b. CHILD SUPPORT RECEIVED	\$ _____
c. WELFARE/TANF	\$ _____
d. PENSIONS AND ALLOTMENTS	\$ _____
e. ADOPTION SUBSIDY/SUBSIDIZED GUARDIANSHIP (for whom? _____)	\$ _____
f. ANY OTHER INCOME	\$ _____

3. LESS CHILD SUPPORT PAID \$ - _____

TOTAL OF ALL MONTHLY INCOME \$ _____

I am requesting a court appointed attorney for myself my child I am requesting an attorney from the Public Defender's Office to represent my child in the Family Court. I understand that if my child qualifies for Public Defender services, I will be assessed a fee for these services. I hereby promise to pay that fee to the Missouri Public Defender System.

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:
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