CONFIDENTIAL

Attorney or Party without Attorney (Name and Address) Telephone Number Attorney for (Name):	*For Court Use Only*
Superior Court of California, County of Solano Street Address: 600 Union Avenue City, State, and Zip: Fairfield, CA 94533 Branch Name: Juvenile	
CHILDREN'S NAMES:	
PRE–SCREEN FINANCIAL DECLARATION (JUVENILE DEPENDENCY)	**Case Number:**

1. Please give the court the following information about you:

Name:
If you have ever used other names, please list them here:
Relationship to Child:
Current address: Date of Birth: Age:
City: Zip: Phone: Alternate Phone:
Are you married? ☐ Yes ☐ No Are you in a California registered domestic partnership? ☐ Yes ☐ No
Name of Spouse/Partner:
How many people live with you that depend on you for their support? _____
What are those persons' names and ages?

2. Do you receive any public assistance or welfare because you have low or no income?
Check one: ☐ No → *go on to Question 3*
☐ Yes → *answer additional question below, then sign at the bottom of the form and give it to the clerk*

I receive (*check all that apply*):
☐ Medi-Cal ☐ SNAP (*food stamps*) ☐ SSI ☐ SSP
☐ County Relief/General Assistance
☐ CalWorks or Tribal TANF (*Temporary Assistance for Needy Families)*
☐ IHSS (*In-Home Supportive Services*)
☐ CAPI (*Cash Assistance Program for Aged, Blind and Disabled*)
☐ _____

3. Is your gross monthly household (*income before taxes*) <u>less than</u> the amount listed below for your family size? Check one: ☐ No → *go on to Question 4*
☐ Yes → *sign at the bottom of the form and give it to the clerk*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	*If more than 6 people at home, add $412.50 for each extra person.*
1	$1,196.88	3	$2,034.38	5	$2,871.88	
2	$1,615.63	4	$2,453.13	6	$3,290.63	

4. If you've answered "no" to both questions 2 and 3, you must complete a *Financial Evaluation—Juvenile Dependency* form (Judicial Council JV-132).

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Date: _____ _____
Signature