



**ALLEN COUNTY SUPERIOR COURT – JUVENILE PROBATION  
FINANCIAL ELIGIBILITY INFORMATION FORM**

TODAY'S DATE: \_\_\_\_\_ DATE OF CHILD'S REMOVAL: \_\_\_\_\_

**I. Demographic Information**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Must provide copy of Birth Certificate)  
 Child's Social Security Number: \_\_\_\_\_  
(Must provide copy of Social Security Card)

**II. Family Information:**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are legal parents married to one another? \_\_\_\_\_ If yes, date of marriage: \_\_\_\_\_  
 If divorced, date of divorce: \_\_\_\_\_ County & State of divorce: \_\_\_\_\_  
 Cause number of divorce: \_\_\_\_\_  
 Is there any Court ordered Alimony? \_\_\_\_\_ If yes, who pays who, and in what frequency and amount? \_\_\_\_\_

If never married, was paternity established? \_\_\_\_\_ Date established: \_\_\_\_\_  
 Paternity cause number: \_\_\_\_\_ County & State ordered: \_\_\_\_\_

**Siblings of Child:**

\*relationship = sister, brother, half-sister/brother, step-sister/brother

| Name | Relationship* | DOB | SSN | Address |
|------|---------------|-----|-----|---------|
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |
|      |               |     |     |         |

Caregiver that child was removed from: \_\_\_\_\_

**If not the legal parent, provide the following information:**

Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Does this person have legal guardianship or custody of the child? \_\_\_\_\_  
**(If yes, Court Order will be needed)**  
 How long had child resided there? \_\_\_\_\_

Does the child (subject of this form) have a child/children? \_\_\_\_\_

If yes, please answer the following:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Was Paternity established? \_\_\_\_\_ Date established: \_\_\_\_\_

Paternity cause number: \_\_\_\_\_ County & State ordered: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Was Paternity established? \_\_\_\_\_ Date established: \_\_\_\_\_

Paternity cause number: \_\_\_\_\_ County & State ordered: \_\_\_\_\_

### III. Child Support

1. Is either parent under a Court Order to pay child support? \_\_\_\_\_ If yes, complete the following pertaining to the subject of this form, as well as any other children.

Person ordered to pay: \_\_\_\_\_

| Child's Full Name | Date of Birth | Amount Ordered | Frequency | Date last paid |
|-------------------|---------------|----------------|-----------|----------------|
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |

Person ordered to pay: \_\_\_\_\_

| Child's Full Name | Date of Birth | Amount Ordered | Frequency | Date last paid |
|-------------------|---------------|----------------|-----------|----------------|
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |
|                   |               |                |           |                |

If child support is **not** Court Ordered, but is paid, on a prior born child (prior to the child who is the subject of this form), list the following:

Person who pays: \_\_\_\_\_

| Child's Full Name | Date of Birth | Amount Paid | Frequency | Date last paid |
|-------------------|---------------|-------------|-----------|----------------|
|                   |               |             |           |                |
|                   |               |             |           |                |
|                   |               |             |           |                |
|                   |               |             |           |                |
|                   |               |             |           |                |

2. Number of overnights for the child (subject of this form) with non-custodial parent:

|                                  |                                    |                                    |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 0 - 51  | <input type="checkbox"/> 76 - 80   | <input type="checkbox"/> 106 - 110 | <input type="checkbox"/> 136 - 140 | <input type="checkbox"/> 166 - 170 |
| <input type="checkbox"/> 52 - 55 | <input type="checkbox"/> 81 - 85   | <input type="checkbox"/> 111 - 115 | <input type="checkbox"/> 141 - 145 | <input type="checkbox"/> 171 - 175 |
| <input type="checkbox"/> 56 - 60 | <input type="checkbox"/> 86 - 90   | <input type="checkbox"/> 116 - 120 | <input type="checkbox"/> 146 - 150 | <input type="checkbox"/> 176 - 180 |
| <input type="checkbox"/> 61 - 65 | <input type="checkbox"/> 91 - 95   | <input type="checkbox"/> 121 - 125 | <input type="checkbox"/> 151 - 155 | <input type="checkbox"/> 181 - 183 |
| <input type="checkbox"/> 66 - 70 | <input type="checkbox"/> 96 - 100  | <input type="checkbox"/> 126 - 130 | <input type="checkbox"/> 156 - 160 | <input type="checkbox"/> 184+      |
| <input type="checkbox"/> 71 - 75 | <input type="checkbox"/> 101 - 105 | <input type="checkbox"/> 131 - 135 | <input type="checkbox"/> 161 - 165 |                                    |

**IV. Child Related Expenses**

1. Is there a work related child care expense for the child (subject of this form): \_\_\_\_\_  
If yes, who pays and in what amount?: \_\_\_\_\_
2. Does the child (subject of this form) have health insurance? \_\_\_\_\_ Private or Medicaid? \_\_\_\_\_  
If Medicaid, provide number: \_\_\_\_\_  
If private, who carries insurance on the child? \_\_\_\_\_  
Amount paid for child's insurance: \_\_\_\_\_  
(if family coverage, divide total by number of persons insured)

**V. Employment, Income and Resource Information**

(Please answer all questions based on the month listed on page 1, THE DATE OF CHILD'S REMOVAL)

List all individuals living in the same house as child (subject of this form) at the time he/she was removed from the home:

| Name | Relationship | Date of Birth | Social Security Number |
|------|--------------|---------------|------------------------|
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |

(Any additional household members can be listed on the back side of this paper)

**Mother's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
 Gross wages received during month of child's removal: \_\_\_\_\_

**Father's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
 Gross wages received during month of child's removal: \_\_\_\_\_

**Step-Mother's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Step-Father's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Caregiver's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Caregiver's Spouse's Earned Income**

Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Other person's Earned Income (any other person in household, including siblings, at the time child was removed)**

Name of other person: \_\_\_\_\_  
Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Other person's Earned Income (any other person, including siblings, in household at the time child was removed)**

Name of other person: \_\_\_\_\_  
Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Other person's Earned Income (any other person, including siblings, in household at the time child was removed)**

Name of other person: \_\_\_\_\_  
Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

**Other person's Earned Income (any other person, including siblings, in household at the time child was removed)**

Name of other person: \_\_\_\_\_  
Employer: \_\_\_\_\_ Start date of employment: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Wages per hour: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Gross wages received during month of child's removal: \_\_\_\_\_

Does child, parent(s), step-parent(s), and/or caregiver receive unearned income? \_\_\_\_\_  
 If yes, list person's name next to the type or types received, as well as the amount received during the month the child was removed. Please provide verification for each additional income.

| TYPE   | NAME OF CHILD | NAME OF PARENT/STEP-PARENT/CAREGIVER | AMOUNT RECEIVED DURING MONTH OF CHILD'S REMOVAL |
|--|---------------|--------------------------------------|---|
| Child Support  |               |                                      |   |
| Retirement/Pension   |               |                                      |   |
| Disability/Sick Benefits   |               |                                      |   |
| Military Allotment   |               |                                      |   |
| Railroad Benefits  |               |                                      |   |
| RSDI (Retirement, Survivor, Disability insurance from Social Security)   |               |                                      |   |
| SSI (Supplemental Security Income from Social Security)  |               |                                      |   |
| UCB (Unemployment Compensation Benefits)   |               |                                      |   |
| VA Benefits  |               |                                      |   |
| Other (Including, but not limited to, working in exchange for goods and services, contributions of money, loans or payment of bills) |               |                                      |   |

Does any other household member, including siblings, receive unearned income? \_\_\_\_\_  
 If yes, list person's name next to the type or types received, as well as the amount received during the month the child was removed. Please provide verification for each additional income.

| TYPE   | NAME OF OTHER HOUSEHOLD MEMBER | AMOUNT RECEIVED DURING MONTH OF CHILD'S REMOVAL |
|--|--------------------------------|---|
| Child Support  |                                |   |
| Retirement/Pension   |                                |   |
| Disability/Sick Benefits   |                                |   |
| Military Allotment   |                                |   |
| Railroad Benefits  |                                |   |
| RSDI (Retirement, Survivor, Disability insurance from Social Security)   |                                |   |
| SSI (Supplemental Security Income from Social Security)  |                                |   |
| UCB (Unemployment Compensation Benefits)   |                                |   |
| VA Benefits  |                                |   |
| Other (Including, but not limited to, working in exchange for goods and services, contributions of money, loans or payment of bills) |                                |   |

(Any additional income information can be listed on the back side of this paper)

Does the child, parent(s), step-parent(s), caregiver, siblings or other household member have any of the following resources? \_\_\_\_\_

If yes, please complete the following and provide verification.

A. Whole Life insurance for any household member? \_\_\_\_\_ Owner: \_\_\_\_\_  
 Cash Surrender Value(at time of child's removal): \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

Whole Life insurance for any household member? \_\_\_\_\_ Owner: \_\_\_\_\_  
 Cash Surrender Value(at time of child's removal): \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

B. Bank or Credit Union account for any/all household members? \_\_\_\_\_  
 (Including, but not limited to, checking, savings, Christmas clubs, certificate of deposits, money and/or market accounts)

Account Holder: \_\_\_\_\_ Type of account: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Financial Institution address: \_\_\_\_\_  
 Names on account: \_\_\_\_\_  
 Value (at time of child's removal): \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of account: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Financial Institution address: \_\_\_\_\_  
 Names on account: \_\_\_\_\_  
 Value (at time of child's removal): \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of account: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Financial Institution address: \_\_\_\_\_  
 Names on account: \_\_\_\_\_  
 Value (at time of child's removal): \_\_\_\_\_

(Additional accounts and financial institution should be listed on the back side of this paper)

C. Other types of resources for any household member? \_\_\_\_\_ If yes, complete below  
 (Please provide verification)

| TYPE         | OWNER | SPECIFIC NAME OF RESOURCE | VALUE AT THE TIME OF CHILD'S REMOVAL |
|--------------|-------|---------------------------|--------------------------------------|
| Stocks       |       |                           |                                      |
| Bonds        |       |                           |                                      |
| Mutual Funds |       |                           |                                      |
| IRA          |       |                           |                                      |
| Annuities    |       |                           |                                      |

D. Are there any Trust Funds? \_\_\_\_\_ If yes, for whom? \_\_\_\_\_  
 Value (at time of child's removal): \_\_\_\_\_ (Please provide verification)  
 Is this Trust Fund accessible without a Court Order? \_\_\_\_\_

List the following information, reflecting the condition and value during the month child was removed, for all motor vehicles in which a household member's name appears on the registration or title to that vehicle:

**VEHICLE 1**

Owner: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Stated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Body Trim (2 or 4 doors): \_\_\_\_\_  
 Engine Size (4 Cylinder/V6/V8/Other): \_\_\_\_\_  
 Vehicle Condition (circle one):      GOOD              FAIR

**VEHICLE 2**

Owner: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Stated Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Body Trim (2 or 4 doors): \_\_\_\_\_  
Engine Size (4 Cylinder/V6/V8/Other): \_\_\_\_\_  
Vehicle Condition (circle one):        GOOD                FAIR

**I swear or affirm under the penalties of perjury that the above information is true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Probation Officer**

\_\_\_\_\_  
**Printed name of Probation Officer**

\_\_\_\_\_  
**Date**