

Complete this only if you believe that you may qualify to have your fees reduced or waived

CO-PARENTING MEDIATION INCOME SURVEY



HOUSEHOLD INFORMATION: List yourself and all people living with you regardless of age or relationship to you. If any person is over 18 years of age, list their gross monthly income.

Names	Birth Date	Relationship to You	Monthly Salary
_____	_____	<u>SELF</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION- Are You Currently Employed? (Please Circle One) **YES** **NO**

Employment: *(If not currently employed, list past employer).*

Employer: _____

Address: _____

Phone #: _____

Supervisor: _____

Type of Work: _____

Hourly Wage: \$ _____ Number of hours per week: _____

Gross Monthly: \$ _____ Dates of Employment _____ to _____

Please complete entire form (turn over)

GOVERNMENT BENEFITS (✓) All that apply

OAFDC \$ _____

OTHER INCOME (✓) All that apply

Social Security \$ _____

Veteran's Pension \$ _____

Retirement/Pension \$ _____

Rental Income \$ _____

Unemployment Comp. \$ _____

Disability Benefits \$ _____

Alimony \$ _____

(Paid)

\$ _____

(Received)

Child Support \$ _____

(Paid)

Other \$ _____

STATEMENT OF VERIFICATION

This must be completed and signed before the mediation session to have the fee reduced or waived. Incomplete or late surveys will not be accepted.

I verify under the penalties of perjury that the figures given above are true and correct, and that if any of these figures change, I will inform the Co-Parenting Mediation Program immediately.

Signature

Date