

IN THE MATTER OF:	CASE NUMBER:
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4. List all adults living in your home:

Name	Date of Birth	Social Security No.	Driver's License No.	Relationship

5. Has any adult living in your home ever been convicted of an offense other than a minor traffic ticket?
 No Yes (If yes, in an attached sheet of paper give the name of the individual, the date, place, and detail of each offense)

6. Has any person living in your home lived in another state or used an alias?
 No Yes (If yes, state each person's name, prior state of residence, and/or a.k.a.(s) used:

Name: _____ State: _____ Alias: _____
 Name: _____ State: _____ Alias: _____
 Name: _____ State: _____ Alias: _____
 Name: _____ State: _____ Alias: _____

7. Have you or your spouse/significant other been approved previously of guardianship, foster care and/or adoption? No Yes (If yes, state the name, address, phone number of the approving entity and date of approval)

a. Name of Child(ren): _____

 b. Address: _____

 c. Name of Approving Entity: _____
 d. Address and County: _____

 e. Date of Approval: _____
 f. If the proceeding has been terminated, the Date Terminated: _____
 g. Reason for termination: _____

II. FINANCIAL INFORMATION

8. Your Monthly net income(s) (All Sources): \$ _____

Monthly expenses: \$ _____

9. Is medical insurance available to minor? No Yes

If so, give name of Insurer: _____

10. Do you receive public assistance? No Yes If so, amount \$ _____

11. Do you pay or receive Child Support (for your own children)? No Yes

Paying: \$ _____ Receiving: \$ _____

