

VERIFICATION OF PUBLIC ASSISTANCE

This form is to be used to verify the current public assistance status of the parties on a case prior to any hearings such as:

- a hearing to reduce or terminate support
- the parties are requesting to opt out of Friend of the Court services.

THE FORM **MUST** BE FILLED OUT BY THE FRIEND OF THE COURT FOR THE PETITIONER AND PRESENTED TO THE JUDGE OR REFEREE AT THE TIME OF YOUR HEARING. YOU MAY BRING THIS FORM TO THE FRIEND OF THE COURT NO EARLIER THAN **TWO WEEKS** PRIOR TO YOUR HEARING AND IT WILL BE COMPLETED FOR YOU.

Date: _____

Docket: _____

IVD: _____

Public assistance is defined as Medicaid, food stamps, cash assistance and state subsidized child day care.

	Food Assistance	Medicaid	Cash Assistance	State Child Care	Foster Care
Custodial Party					
NonCustodial Party					
Minor Child/ren					

Comment: _____

Service Fees Owed: _____

Signature: _____
Friend of the Court Representative

Date: _____