

VERIFICATION OF ELIGIBILITY
(to accompany Motion to Exempt (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: _____

The Friend of the Court confirms the following:

1. Neither party receives public assistance (which includes cash assistance, medicaid, food stamps, child care, or foster care benefits) for themselves or a child in the case (attach "Verification of Public Assistance")
2. No money is due to the state because of past public assistance for a child in the case.
3. No child support arrearage has existed in the last 12 months; or a child support arrearage has existed in the last 12 months, however, the payee has voluntarily waived all arrears owed to her; or the payee wants to waive arrears on the record at the hearing; or it has been paid in full.
4. Neither party to this case has reopened a Friend of the Court case in the last 12 months.
5. All statutory service fees and/or state medical support arrears have been paid; or statutory service fees and/or state medical support in the amount of \$ _____, are due and owing and must be paid prior to the entry of the Order.

Comment: _____

Signature: _____ Date: _____
Friend of the Court Representative