



CERTIFICATION OF INCOME

**This information will be released upon subpoena or direction from the court.
Personal information will be removed prior to releasing.**

The fee you will be charged for services depends on your household income. The information on this form allows us to determine your fee. Documentation regarding income and deductions applicable are required.

Income:

Gross monthly pay from all employment:	\$
Other Income (do not include child support you receive):	\$
Describe:	
Total Monthly Income:	\$

Deductions:

Child support paid each month:	\$
Medical Premiums paid each month:	\$
Total Monthly Deductions:	\$
Net monthly income for purpose of qualification for reduced rates: <i>(Total Income – Total Deductions)</i>	\$

Intake Fee	\$
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<i>(Circle One)</i>			
Supervision Hourly Rate	Exchange Fee	CP	\$

	\$
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“I hereby certify that the income and expense information I have provided on this Certification of Income is true and correct. I further agree to provide updated information promptly if my income or expenses change.”

Client Name

Client Signature

Date