



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: *(Total Income – Total Deductions)* \$ _____

Intake Fee \$

(Circle One)

Supervision Hourly Rate Exchange Fee CP \$

VP \$

“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

Attach supporting documentation to prove income