

COPING WITH SEPARATION AND DIVORCE (COPE)

APPLICATION FOR REDUCED FEE

THIS INFORMATION IS USED TO DETERMINE QUALIFICATION FOR REDUCED FEE ONLY AND IS **NOT** KEPT CONFIDENTIAL.

APPLICANT'S NAME: _____ **Case No.** _____

Address: _____

Phone: _____ Type of Work: _____

DO ANY OTHER ADULTS LIVE WITH YOU IN YOUR HOME? ☐ No ☐ Yes

Does this person contribute funds to pay towards the household expenses? ☐ No ☐ Yes

If YES, please complete the following information:

\$ _____ Amount, per month, this person contributes to pay household expenses.

| Your Income | Previous 12 Month Income |
|--|--------------------------|
| Gross income from wages | \$ |
| Business income less expenses | \$ |
| Unemployment income | \$ |
| Child support, spousal support, alimony received | \$ |
| Welfare or public assistance aid | \$ |
| Other income * | \$ |
| TOTAL | \$ |

*including any lottery winnings, gifts of cash, disability insurance, Social Security, retirement income, dividend income

Do you have any savings accounts, certificates of deposit, money market accounts, stocks or bonds?

(These funds may be taken into account in determining your eligibility for subsidy.)

☐ No ☐ Yes

If YES, please state current value of (non- retirement) accounts and/or investments: \$ _____

Date

Signature of Applicant

Printed Name

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- ☐ Applicant qualifies for fee of \$30.00
☐ Applicant qualifies for fee of \$15.00
☐ Applicant does not qualify for reduced fee, \$79.00 fee is required

Fees must be paid before you will be considered registered for the course and prior to attendance.

Date

Signature of Court Clerk/Clerk Designee