

**PLEASE FILL OUT TO THE BEST OF YOUR ABILITY  
BRING THIS WITH YOU TO DISPOSITION INTERVIEW**

**MOTHER/GUARDIAN'S FINANCIAL/EMPLOYMENT STATUS**

Name:

Employed?		Unemployed?		Self-employed?		State Aid?	
-----------	--	-------------	--	----------------	--	------------	--

Employer address:

Employer phone:

Job title:

How long at job?

Wage or Salary: \$

**OTHER SOURCES OF INCOME**

	MINOR'S PORTION		MINOR'S PORTION		MINOR'S PORTION
AFDC: \$	\$	DEATH BENEFITS: \$	\$	FOOD STAMPS: \$	\$
VA/BENEFITS: \$	\$	TRUST FUND: \$	\$	DISABILITY: \$	\$
PENSION RETIREMENT: \$	\$	WORKER'S COMPENSATION: \$	\$	RENTS RECEIVED: \$	\$
STOCKS/BONDS: \$	\$	ALIMONY: \$	\$	SSI: \$	\$
SOCIAL SECURITY: \$	\$	CHILD SUPPORT: \$	\$	UNEMPLOYMENT: \$	\$
TOTAL: \$	\$	TOTAL: \$	\$	TOTAL: \$	\$

**WHY DO YOU RECEIVE STATE ASSISTANCE:**

TOTAL MONTHLY INCOME: \$

CASH ON HAND: \$

CHECKING ACCT. BALANCE: \$

SAVINGS ACCT. BALANCE: \$

**ASSETS/EXPENSES/MONTHLY BILLS**

CHECK IF PARENT/GUARDIAN'S ASSETS AND EXPENSES ARE COMBINED

**DO YOU OWN YOUR HOME? OR RENT?**

IF OWN HOME, ADDRESS:

MARKET VALUE OF HOUSE: \$

AMOUNT OWED: \$

EQUITY: \$

VEHICLES (INCLUDE BOATS/MOTORCYCLES)	MAKE/MODEL	YEAR	VALUE	AMOUNT OWED
--------------------------------------	------------	------	-------	-------------

EXAMPLE: CAR	DATSUN	1979	\$500	\$0
			\$	\$
			\$	\$

**WHAT ARE YOUR MONTHLY BILLS?**

RENT/MORTGAGE: \$

CAR MAINTENANCE: \$

HOME/RENTER'S INSURANCE: \$

SCHOOL/COLLEGE TUITION: \$

ELECTRICITY: \$

MEDICAL BILLS: \$

GAS/PROPANE: \$

COURT FINES/FEEs: \$

PHONE(INCLUDE CELL): \$

TOTAL CREDIT CARDS: \$

TV/CABLE/SATELLITE: \$

HEALTH INSURANCE: \$

INTERNET: \$

ALIMONY/CHILD SUPPORT: \$

WATER: \$

FOOD: \$

SEWER/GARBAGE: \$

OTHER: \$

CAR PAYMENT: \$

TOTAL INCOME: \$

CAR INSURANCE: \$

TOTAL EXPENSES: \$

## FATHER/GUARDIAN'S FINANCIAL/EMPLOYMENT STATUS

**Name:**

Employed?		Unemployed?		Self-employed?		State Aid?	
-----------	--	-------------	--	----------------	--	------------	--

Employer address:

Employer phone:

Job title:

How long at job?

Wage or Salary: \$

### OTHER SOURCES OF INCOME

		MINOR'S PORTION			MINOR'S PORTION			MINOR'S PORTION
AFDC:	\$	\$	DEATH BENEFITS:	\$	\$	FOOD STAMPS:	\$	\$
VA/BENEFITS:	\$	\$	TRUST FUND:	\$	\$	DISABILITY:	\$	\$
PENSION RETIREMENT:	\$	\$	WORKER'S COMPENSATION:	\$	\$	RENTS RECEIVED:	\$	\$
STOCKS/BONDS:	\$	\$	ALIMONY:	\$	\$	SSI:	\$	\$
SOCIAL SECURITY:	\$	\$	CHILD SUPPORT:	\$	\$	UNEMPLOYMENT:	\$	\$
TOTAL:	\$	\$	TOTAL:	\$	\$	TOTAL:	\$	\$

### WHY DO YOU RECEIVE STATE ASSISTANCE:

TOTAL MONTHLY INCOME: \$

CASH ON HAND: \$

CHECKING ACCT. BALANCE: \$

SAVINGS ACCT. BALANCE: \$

### ASSETS/EXPENSES/MONTHLY BILLS

CHECK IF PARENT/GUARDIAN'S ASSETS AND EXPENSES ARE COMBINED

**DO YOU OWN YOUR HOME? OR RENT?**

IF OWN HOME, ADDRESS:

MARKET VALUE OF HOUSE: \$

AMOUNT OWED: \$

EQUITY: \$

VEHICLES (INCLUDE BOATS/MOTORCYCLES)	MAKE/MODEL	YEAR	VALUE	AMOUNT OWED
EXAMPLE: CAR	DATSUN	1979	\$500	\$0
			\$	\$
			\$	\$

### WHAT ARE YOUR MONTHLY BILLS?

RENT/MORTGAGE:	\$	CAR MAINTENANCE:	\$
HOME/RENTER'S INSURANCE:	\$	SCHOOL/COLLEGE TUITION:	\$
ELECTRICITY:	\$	MEDICAL BILLS:	\$
GAS/PROPANE:	\$	COURT FINES/FEES:	\$
PHONE(INCLUDE CELL):	\$	TOTAL CREDIT CARDS:	\$
TV/CABLE/SATELLITE:	\$	HEALTH INSURANCE:	\$
INTERNET:	\$	ALIMONY/CHILD SUPPORT:	\$
WATER:	\$	FOOD:	\$
SEWER/GARBAGE:	\$	OTHER:	\$
CAR PAYMENT:	\$	TOTAL INCOME:	\$
CAR INSURANCE:	\$	TOTAL EXPENSES:	\$



## PARENT/GUARDIAN'S CRIMINAL HISTORY

MOTHER/GUARDIAN'S CRIMINAL HISTORY  I have never been arrested nor have a criminal history.

Have you spent time in any of the following facilities? If yes, include year and how long you were incarcerated.	Jail: Yes No	Prison: Yes No	
Are you, or have you ever been on any of the following? Include year, how long and what county it occurred in.	Parole: Yes No	Probation: Yes No	Summary Probation: Yes No

In the past, what have you been arrested for? List all you can remember.

Do you have any pending court matters? Yes No  
If yes, please describe.

FATHER/GUARDIAN'S CRIMINAL HISTORY  I have never been arrested nor have a criminal history.

Have you spent time in any of the following facilities? If yes, include year and how long you were incarcerated.	Jail: Yes No	Prison: Yes No	
Are you, or have you ever been on any of the following? Include year, how long and what county it occurred in.	Parole: Yes No	Probation: Yes No	Summary Probation: Yes No

In the past, what have you been arrested for? List all you can remember.

Do you have any pending court matters? Yes No  
If yes, please describe.

## HOME ENVIRONMENT

List all people living in the house with the child and their relationship:

Do you want the child to live in your home? Why?

Mother/Guardian – Describe how you will properly supervise the child?

Father/Guardian – Describe how you will properly supervise the child?

Mother/Guardian – Describe the discipline and reward strategy you use with the child.

Father/Guardian – Describe the discipline and reward strategy you use with the child.

