

CONTRIBUTION FORM

Date _____ 20_____

Case Name/Number _____

Dear _____

We are trying to determine if you give money to any of the following people:

Please answer the questions below and return this letter by _____

Caseworker's Signature

Telephone Number

1. Are you the parent of any of the persons listed above? ___ YES ___ NO If **YES**, list your children's names _____
2. Do you give money to any of the people listed above? ___ YES ___ NO If **NO**, go to 6. below.
3. Who is the money for? _____
4. If you do give them money, how much do you give them? _____
 - a. How often? _____ b. What day of the week? _____
 - c. How much money did you give them in _____ ? \$ _____
 - d. How much money did you give them in _____ ? \$ _____
 - e. How much money did you give them in _____ ? \$ _____
5. Is the money you give them a loan? ___ YES ___ NO
6. If you stopped giving money to any of the people listed above, when did you stop? _____
7. Do you pay money to the court for anyone listed above? ___ YES ___ NO If **YES**, list their name _____
8. Do you pay or help pay the rent or mortgage? ___ YES ___ NO
 - a. If you help pay the rent or mortgage, who do you give the money to? _____
 - b. How much do you pay? _____
9. Do you pay or help pay the following bills?

	YES	NO	How much do you pay?	Who do you give the money to?
a. Electric	___	___	_____	_____
b. Gas	___	___	_____	_____
c. Water	___	___	_____	_____
d. Phone	___	___	_____	_____
e. Other	___	___	_____	_____

10. Give name, address, and phone number of anyone else who helps the family _____

11. Please list below any hospital/accident/life insurance coverage you carry on any of the family members:

Name of Company	Group or Policy #	Certificate #	Type of Coverage	Insured Family Member
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date _____ Your Signature _____ Phone # _____

Your Address _____

Casehead: _____
County Case #: _____