Clear All Data

FINANCIAL STATEMENT
FOR ASSESSMENT OF GUARDIAN *AD LITEM* COSTS

Case No. .....

Commonwealth of Virginia VA. CODE § 19.2-159

[ ] I currently receive the following type(s) of public assistance: [ ] TANF $ ..... [ ] Medicaid

[ ] Supplemental Security Income $ ..... [ ] SNAP (food stamps) $ .....

[ ] Other (specify type and amount) .....

Names and address of employer(s) for myself and for my spouse (if my household member):

Self .....

Spouse (not applicable if alleged victim) .....

NET INCOME:	**Self**	**Spouse**	
Pay period (weekly, every second week, twice monthly, monthly)	.....	.....	
Net take home pay (salary/wages, minus deductions required by law)	$	.....	
Other income sources (please specify)			
.....	.....	$	COURT USE ONLY
TOTAL INCOME	..... +	..... =	**A**

ASSETS:			
Cash on hand	$	.....	
Bank Accounts at:	$	.....	
Any other assets: (please specify)			
..... with a value of	$	.....	
Real estate – $ _____ NET VALUE	$	.....	
_____ YEAR AND MAKE with a value of	$	.....	
Motor Vehicles: _____ YEAR AND MAKE with a value of	$	.....	
Other Personal Property: (describe)	$	.....	COURT USE ONLY
TOTAL ASSETS	$ ..... +	..... =	**B**

..... Number in household I have financial responsibility for, including myself.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)	$ .....
Court-ordered support payments/alimony	$ .....
[ ] deducted from paycheck [ ] not deducted from paycheck	
Child-care payments (e.g. day care)	$ .....
Other (describe):	$ .....

COURT USE ONLY

TOTAL EXPENSES $ ..... = **C**

COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds =

I hereby state that the above information is correct to the best of my knowledge.

..... DATE _____ SIGNATURE ..... PRINTED NAME

Sworn/affirmed and signed before me this day.

..... DATE _____ SIGNATURE _____ TITLE

FOR NOTARY PUBLIC'S USE ONLY:

State of ..... [ ] City [ ] County of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

..... NOTARY REGISRATION NUMBER _____ NOTARY PUBLIC (My commission expires: .....)

..... DATE _____ JUDGE