Fees for Family Court Services

Application To Set And/Or Waive Family Court Services Fees (Not for Parent Education Fees)

Email To: familycourtservices@countyofdane.com

Your Name		Name of Other Parent in Case						
You have been referred to Family Court Services for repeat mediation, a custody/physical placement study, or a Brief Focused Assessment (BFA). The repeat mediation fee is \$100 per parent. The Dane County Ordinance has set the maximum study fee at \$2,000 and the BFA at \$1,200.								
The Ordinance has established study and BFA fees based on the combined gross (before taxes or other deductions) annual incomes of all households. If you are married, your spouse's income is also included in the total. In order to assess the appropriate fee and the amount you are responsible for, you must complete this <u>Application To Set And/Or Waive Family Court Services Fee</u> and submit the required documentation. This form also determines if the mediation and/or study fee is eligible to be waived.								
Please submit the application and all required documentation								
by		Repeat Mediation Fee Study Fee BFA Fee						
Information can be								
 Mailed to Dane County Family Court Services Dane County Court House 215 S. Hamilton St. Room 2030 Madison, WI 53703-3282 Faxed to 608-266-6588 								
Note: We do not want social security numbers; you may delete it on any paperwork.								
You must attach copies of your <u>3 most recent pay stubs</u> from employment and a copy of your most <u>recent tax return</u> with this application in order for it to be considered. The pages needed from your tax return are to show your income which is usually the first 2 to 3 pages of federal or state. If you are remarried, you must also attach copies of pay stubs and copies of the most recent tax return for your spouse showing their income.								
Please make and provide copies of your taxes, pay stubs, etc. No originals please.								
Thank you, in advance, for your cooperation.	If we	do not receive your application and all required financial						

information by this due date your fee may be assessed at the maximum rate.

APPLICATION TO SET AND/OR WAIVE FAMILY COURT SERVICES FEE

Your NameCase Number					
Name	of other parent				
1.	I get paid:				
	weekly biweekly two times per month monthly				
2.	My gross paycheck (before taxes and other deductions) for the above circled pay period above is \$				
3.	I receive other monthly income totaling \$from pension, disability, social security educational grants, interest and dividends or unemployment compensation.				
4.	I receive child support and/or maintenance in the amount of \$				
	weekly biweekly two times per month monthly				
5.	I have cash assets in savings accounts, checking accounts or cash on hand in the total amount of \$ Complete Schedule A on back of form.				
6.	I have other assets over \$500 in value (stocks, bonds, automobile(s), retirement accounts, security, ownership in business). Complete Schedule B on back of form				
7.	I have equity in real estate in the amount of \$ Equity is determined by taking the value of your real estate and subtracting the amount that you owe on that real estate.				
8.	I am married to someone else. Their annual income is \$				
9.	I now pay child support or maintenance in the amount of \$				
	weekly biweekly two times per month monthly				
10	I pay day care/child care expenses in the amount of \$ weekly monthly				
	penalty of perjury, I swear that this is a true statement.				
Signature	e Date				

(COMPLETE OTHER SIDE)

REMEMBER TO ATTACH PAYSTUBS AND TAX RETURNS

(If sending form via email, please scan and send your attachments in the same email)

SCHEDULE A: CASH ASSETS								
Description of assets (e.g. savings,			Amount of asset					
checking, money m	arket)	Amou	nt of asset					
SCHEDULE B: OT								
Description of assets (e.g. stocks, bonds,			Approximate value		Amount of loan, if			
automobiles, retirement accounts)		of ass	of asset		any, against asset			
SCHEDULE C: HO								
	Relationship to applica		lf abild/atamak	-:I-I	Percent of			
Name of person	Only include, spouse, of and stepchild	miia,	If child/stepchild, under age 18		time in household			
-	and otopornia		Yes No		%			
			0 0		%			
			Yes No		%			
				0	%			
			Yes N	0	%			
				Yes No				
					%			