

**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) \_\_\_\_\_

<b>NET INCOME:</b>	<b>Self</b>	<b>Spouse</b>	
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
<b>TOTAL INCOME</b> _____	+ _____	= _____	<b>A</b>

**ASSETS:**

Cash on hand _____	\$ _____	_____	
Bank Accounts at: _____	\$ _____	_____	
Any other assets: (please specify) _____	_____	_____	
_____ with a value of _____	\$ _____	_____	
Real estate – \$ _____	\$ _____	_____	
NET VALUE			
_____ with a value of _____	\$ _____	_____	
YEAR AND MAKE			
Motor Vehicles: _____	\$ _____	_____	
_____ with a value of _____	\$ _____	_____	
YEAR AND MAKE			
Other Personal Property: (describe) _____	\$ _____	_____	
<b>TOTAL ASSETS</b> \$ _____	+ _____	= _____	<b>B</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 _____	\$ _____	
<input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck		
Child-care payments (e.g. day care) _____	\$ _____	
Other (describe): _____	\$ _____	
<b>TOTAL EXPENSES</b> \$ _____	= _____	<b>C</b>
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 REGISTRATION NUMBER NOTARY PUBLIC  
 (My commission expires: \_\_\_\_\_)