University of Vermont | Extension
College of Agriculture and Life Sciences

Coping with Separation and Divorce (COPE)

Application for Reduced Fee

This information is used to determine eligibility for a reduced fee only and is not kept confidential.

Registrant Name _____ **Docket Number** _____

Address _____

Phone _____ **Employment Status** _____

Registrant Email Address _____

Previous 12-month income	
Gross income from wages	
Business income less expenses	
Unemployment income	
Child support, spousal support received	
Public assistance received	
Other income*	

**Includes lottery winnings, gifts of cash, disability insurance, Social Security, retirement income, dividend income*

Do any other adults live in your household? ☐ No ☐ Yes

Does this person contribute funds to pay towards household expenses? ☐ No ☐ Yes

If yes, amount per month _____

Signature of Applicant _____ **Date** _____

For Office Use

- ☐ **Applicant qualifies for fee of $30.00**
- ☐ **Applicant qualifies for fee of $15.00**
- ☐ **Applicant does not qualify for reduced fee, $79.00 fee is required**

Signature of COPE Team Member _____

Date _____