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 ____ 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? If yes, amount per month Signature of Applicant _____ Applicant qualifies for fee of \$30.00 FOR OFFICE USE Signature of COPE Team Member Applicant qualifies for fee of \$15.00 Applicant does not qualify for reduced fee, \$79.00 fee is required

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