SUPERIOR COURT OF WASHINGTON
MASON COUNTY
JUVENILE COURT
County Courthouse
4th and Alder
Shelton, Washington 98584
Telephone: (360) 427-9670 ext. 337

RECEIVED & FILED

MAR 22 2005 (4)

PAT SWARTOS, Clerk of the
Superior Court Mason Co. Wash

STATE OF WASHINGTON
vs.

NO. 04B0019144

(OK)

CASSANDRA C. RHOADES
D.O.B. 2-15-88

and
Parent/Guardian BARBARA A. RHOADES

FINANCIAL DECLARATION OF
PARENT/GUARDIAN
(FNST)

Pursuant to Revised Code of Washington, the Juvenile Court has the authority, after a hearing to assess the costs associated with the detention of offenders to the parent, custodians or legal guardians of those offenders. It is the responsibility of parents to contribute to the support of their children whether they are at home or in a detention facility. This includes detention costs based upon a sliding scale assessment and all costs associated with medical and dental treatment, emergent and otherwise, that accrue during their stay in detention.

You will be assessed partial or full costs of care for your child while he or she is in detention. The exact amount will be determined from the information you provide below. Failure to provide the requested information will result in assignment of full costs. **PLEASE BRING THESE PAPERS WITH YOU TO COURT.**

NAME OF JUVENILE CASSANDRA C. RHOADES   DATE: 4-1-05

CASE NUMBER:_____ JUDGE: Swayer/Sheldon

NAME OF PARENT/GUARDIAN: BARBARA A. RHOADES

ADDRESS E. 1662 St. Rd. 108 Shelton, WA 98584

MAILING ADDRESS IF DIFFERENT:_____

PHONE : 427-7613   RELATIONSHIP TO JUVENILE Mother

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FINANCIAL STATUS

EMPLOYER:_____ LENGTH OF EMPLOYMENT:_____

EMPLOYERS PHONE:_____ OCCUPATION:_____

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EMPLOYERS ADDRESS:_____

CURRENT WORK STATUS: ( )FULL TIME   ( )PART TIME   ( )ON CALL

WORK
SCHEDULE:_____

TOTAL HOURS WORKED LAST MONTH_____ PAY:_____

PREVIOUS EMPLOYER IF LESS THAN 6 MONTHS:_____

PUBLIC ASSISTANCE: ( )AFDC   ( )GENERAL ASSISTANCE   ( )FOOD STAMPS
                   ( ) MEDICAID ( )VA BENEFITS   ( )SSI   ( )ADOPTION SUPPORT

OTHER SOURCE OF INCOME:_____

IS SPOUSE EMPLOYED: ( )YES   ( )NO   OCCUPATION_____

EMPLOYER:_____ LENGTH OF EMPLOYMENT:_____

CURRENT WORK STATUS   ( )FULL TIME   ( )PART TIME   ( ) ON CALL

WORK SCHEDULE:_____ PAY:_____

PERSONS YOU FINANCIALLY SUPPORT	DOB:	RESIDENCE
1. Cassandra Rhoades	2-15-88	
2. Summer L Hansford	4-21-97	
3.		

OTHER HOUSEHOLD MEMBERS	DOB:
1.	
2.	
3.	

CHILD SUPPORT PAYMENTS (NAME OF CHILD)	LAST PAYMENT
1. Williams Grey	Feb.
2.	
3.	

INCOME:

Gross monthly income   _____

Monthly take home pay (after mandatory deductions   _____

   I.e. IRS, FICA, L/I, Mandatory retirement)   _____

Contribution from household members   _____

Interest, Dividends, other earnings   _____

Child support   _____

Other income:_____   _____

TOTAL INCOME   _____

LIQUID ASSETS:

Cash   _____

Savings account (personal and joint)   _____

Checking account (personal and joint)   _____

On hand   _____

Stocks, bonds, certificates of deposit   _____

Equity in real estate (home, recreation property)   _____

Auto - cash value   _____

   (list make and year_____)

Personal Property   (boat, stereo, guns, jewelry, etc)   _____

Furniture (approximate value)   _____

Notes, mortgages, trusts, deeds   _____

Any indebtedness owed to you   _____

TOTAL LIQUID ASSETS   _____

FAMILY EXPENSES:

Living Costs -   Shelter (rent, mortgage, board)   _____

                       Utilities   _____

                       Food   _____

                       Clothing   _____

                       Medical and Dental   _____

                       Transportation   _____

                       Insurance   _____

Imposed Obligations ( )Fines ( )court costs   _____

                       ( ) restitution ( )support   _____

Debts/Loans (Name of Creditor)   _____

_____   _____

_____   _____

_____   _____

Extraordinary Debt:_____   _____

TOTAL EXPENSES   _____

PLEASE ATTACH PAY STUBS FOR THE PAST TWO MONTHS.

I, Barbara A RHOADES _____ DO HEREBY CERTIFY,
under penalty of perjury under the Laws of the State of Washington that the foregoing is true
and correct (RCW 9A.72.085). By my signature below, I authorize the court to verify all
information provided here. I further swear to immediately report any change in financial status,
residence and or employment to the court.

Signed Barbara B. Rhoades _____ Date 4-1-05 _____

City/County Where Signed Shelton, Mason County _____

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