



DEPENDENT SUPPLEMENT

NAME: Last _____ First _____ Middle _____

Supplemental Interview Date: ____/____/____ CASE/INDICT. # _____

DEPENDENT ON TAX RETURNS:

The person who claims you as a dependent for income tax purposes is _____.
Are you covered by a health insurance policy? Yes or No (circle one). If so, with what company and who pays the premium? _____

STUDENTS:

What school do you attend? _____
The amount of tuition paid is \$ _____ per _____.
The amount paid for books is \$ _____ per _____.
Who pays your tuition? _____.

SUPPORT:

What kind of transportation do you have? _____.
Who pays for your car, insurance, gasoline and maintenance and in what amount(s)?

Who pays for your housing and in what amount(s)?

Who pays for your meals and in what amount(s)?

Who pays for your utilities and other living expenses and in what amount(s)?
_____.

GRANTS, SCHOLARSHIPS, ASSISTANCE AND LOANS RECEIVED are as follows:

Amount	Type of Grant/Loan/Scholarship/Assistance	Name of Provider
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

BEFORE YOUR APPLICATION CAN BE PROCESSED:

- You must provide to our office with ____ days your state and federal income tax returns for the past ____ years.
- You must provide to our office within ____ days the state and federal income tax returns of _____ for the past ____ years.
- You must provide to our office within ____ days the following:

