

**RUTHERFORD COUNTY JUVENILE COURT CLERK
PARENTAL SUPPLEMENT TO FINANCIAL APPLICATION**

Minor: _____ Case No. _____

Minor's **Mother**'s Name: _____

Home Address: _____

City, State, Zip: _____

Home Ph: _____ Cell Ph: _____

SSN: _____ DOB: _____

DL #: _____ State: _____

Mother's Employer: _____

Employer's Address: _____

City, State, Zip: _____

Work Ph: _____ Supervisor: _____

I declare under the penalty of perjury that the foregoing answers are true, correct, and complete. I further declare that I will notify the Rutherford County Circuit Court Collections Program Staff of any changes to the above information within five (5) days of such change:

Date: _____

Minor's Mother

Minor's **Father**'s Name: _____

Home Address: _____

City, State, Zip: _____

Home Ph: _____ Cell Ph: _____

SSN: _____ DOB: _____

DL #: _____ State: _____

Father's Employer: _____

Employer's Address: _____

City, State, Zip: _____

Work Ph: _____ Supervisor: _____

I declare under the penalty of perjury that the foregoing answers are true, correct, and complete. I further declare that I will notify the Rutherford County Circuit Court Collections Program Staff of any changes to the above information within five (5) days of such change:

Date: _____

Minor's Father