



**CLAIM FOR SUPPORT OF CHILDREN
IN CUSTODY OF INSTITUTIONS
Payable From Family and Children Funds By Order of Court**

State Form 28808 (R4 / 5-05) / FM 0327
Approved by State Board of Accounts, 2005

Name of institution		Address (number and street, city, state, ZIP code)	
Name of CDCS office		County number	Page number _____ of _____ pages
For the period: From _____, Year _____ to _____, Year _____		Amount of claim \$ _____	

FOR USE BY COUNTY OFFICE ONLY

Claim number		Warrant date (month, day, year)		Warrant number		Warrant amount \$ _____		
	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE		DATES OF SERVICE		TOTAL SERVICE DAYS	PER DIEM RATE	INDIVIDUAL AND TOTAL COST	
	Case Number	Name in Full	Begin	Ended				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21	Total amount (claim) or (carried forward) (strike out that which does not apply)							

INSTRUCTIONS TO INSTITUTION

1. Three (3) copies are to be prepared by the institution on the last day of the billing period on a monthly basis.
2. All copies are to be signed by the Administrative Officer of the institution.
3. The first and second copies are to be sent to the County Department of Child Services.
4. The third copy is for the institution's file.

CERTIFICATION OF INSTITUTION

STATE OF _____ }
COUNTY OF _____ } SS:

Pursuant to the provisions and penalties of Chapter 155 Acts of 1953

I, Administrative Officer of the within named institution, swear that the within claim in the amount of \$ _____ is a true and correct claim against the within named county for support of children whose support is payable from County Family and Children funds for the period stated, by the order of the court having juvenile jurisdiction; that the prices charged are in accordance with contract or statute; that the said claim or any part thereof has not been paid or commuted, and that neither bonus, commission, nor any other consideration has been given or promised within my knowledge or belief because of the proposed exchange of values therein set forth or for any other reason.

Signature of Administrative Officer

Date signed (month, day, year)

APPROVED BY DIRECTOR, COUNTY DEPARTMENT OF CHILD SERVICES

I certify that the within claim in the sum total of \$ _____ is true and correct and in proper form; that all children listed therein have been placed in custody of the above-named institution; that support for these children are proper charges in the county, for the period shown, by order of the Court having juvenile jurisdiction; that the amount entered opposite the name of each child is the amount due by reason of the Court order and lawful allowance; that the said allowance has not been paid or commuted; that neither bonus, commission nor any other consideration has been given or promised within my knowledge or belief because of the proposed exchange of values therein set forth or for other reason; and that payment thereof is hereby authorized by me.

Signature of County Office Director

Date signed (month, day, year)

- INSTRUCTIONS TO:** County Department of Child Services
1. Send first copy to Auditor of County.
 2. Retain a second copy for your records.