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**ACKNOWLEDGEMENT OF INFORMATION REGARDING  
NON-MEDICAL COUNTY INDIGENCY ASSISTANCE**

I understand that if Ada County pays for any or all of my expenses:

- I may be ordered to reimburse the county; and
  - o The reimbursement order will be based on my disposable income after considering my income, assets and allowed expenses, but will be at least \$25/month; and the order of reimbursement is enforceable and may be sent to a collections agency if I don't comply with the order; and
  - o If I experience a "substantial change in circumstances" I can petition the Board of County Commissioners and ask them to modify my order of reimbursement. To do this, I must submit to Ada County Indigent Services a completed written request on a form provided by Indigent Services; and
  - o If I believe the required reimbursement is unreasonable, I may file a timely appeal and appear before the County Commissioners to present my case. These appeals must be submitted in writing and delivered to Indigent Services within 30 days of the date of the Order of Reimbursement. If I fail to file a timely appeal, the Order of Reimbursement becomes final; and
  - o If the County Commissioners do not order reimbursement at this time, they may do so later if my financial circumstances improve; and

I understand that:

- If my application for assistance is denied, I may appeal to the Board of County Commissioners by submitting to Ada County Indigent Services a written appeal within 30 days of the denial; and
  - o If my application is denied again, I may file an appeal with the District Court within 30 days from that denial.
- It is my responsibility to provide all documentation and information requested by Ada County Indigent Services during the investigation of my application. Failure to cooperate in this manner will result in my application being denied.

I have read this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date