DEPENDENCY STATEMENT - WARD OF A COURT
--

OMB No. 0730-0014 OMB approval expires

I

	DENOT							June 30, 2024			
The public reporting burden for this collection of information, 0730-0014, is estimated to average 30-60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.											
REIOR		TEDFO					EL/FATROLL OFFICE.				
AUTHORITY: 5 U.S.C. 301, Departmental Re Procedures; DoD 7000.14-R, DoD Financial I current edition.				the Uniforme	d Services; I						
PURPOSE(S): The information will be used to	o determine t	he relation	ship and dependency	of the claime	d dependent	s and	d determine the member's ent	itlement of authorized benefits.			
<b>ROUTINE USE(S):</b> To the Treasury Departm to an official request for information with resp be found within the applicable system of reco and M01040-3, Marine Corps Manpower Mar	ect to law enf rds notices, 1	orcement, 7344, Def	investigatory procedu ense Joint Military Pay	ires, criminal y System-Re	prosecution, serve Compo	civil nent	court action and regulatory or ; T7340, Defense Joint Militar	der. Additional routine uses can y Pay System-Active Component;			
DISCLOSURE: Voluntary: however, failure to	provide this	informatio	n will result in a suspe	ension of the o	lependent er	titler	ments until the member can pr	ovide the required certificate.			
<b>INSTRUCTIONS:</b> This form is used to deterr wards of a court. The member must complete "NOT APPLICABLE" or "N/A" in that block. F required. In the case of a ward who is a full- enrollment, documentation of expenses, and from a military medical treatment facility is red	e the form as Report and ve time student, any educatio	stated in I rify any in supporting	tem 3, sign and date t come in gross amoun documentation must	he form, and ts. Verification include a lett	have it notar on of income, er from the a	ized. proc ccre	Answer every question. If an of of support and a copy of gua dited college or university veri	ny question does not apply, write ardianship documents are fying the ward's full- time			
1. ENTITLEMENTS REQUESTED (X a	nd complete	e as appli	icable)								
a. TYPE	b. FIRST A	PPLICATI	DN?			c. L/	2. LAST APPLICATION WAS				
BAH USIP CARD	YES	(If No	, give date of last app	lication)			APPROVED				
	NO	(YYY	YMMDD)				DISAPPROVED				
2. MEMBER INFORMATION											
a. NAME (Last, First, Middle Initial)						b. D	OD ID NUMBER	c. RANK			
d. STATUS (X and complete as applicable)											
ACTIVE DUTY NATIONAL G	UARD			AIR FOR	— ж П	DEC OTH	CEASED (Date of death) (Y HER (Specify)	YYMMDD)			
e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code) f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base)											
g. TELEPHONE NUMBERS (Include DSN o	r Area Code)		h. E-MAIL ADDRES	s			i. MARITAL STATUS (X or	ne)			
(1) WORK (2) HOME								ARATED 🗌 WIDOWED			
3. WARD INFORMATION											
a. NAME (Last, First, Middle Initial) b. DOD ID NUMBER c. DATE OF BIRTH (YYYYMMDD)											
d. COMPLETE RESIDENCE ADDRESS (Str	eet, Apartme	nt Number	, City, State, ZIP Code	e)							
e. STATUS (X and complete as applicable)											
UNMARRIED UNDER 21 YEARS OF AG	E (Complete	ltems 1 -	8 and 13 - 16.)								
 21-22 YEARS OF AGE AND A FULL-TIM	IE STUDEN	「(Complei	te Items 1 - 9 and 12 -	- 16.)							
	lete Items 1	8 and 10	- 16.)								
HAS WARD EVER BEEN MARRIED? (If "Y	es," attach co	opy of annu	ulment decree, final di	ivorce decree	, or death ce	rtifica	ate of ward's spouse.)				
		-	-								
DD FORM 137-7, MAR 2018				on fillod	in)		Controlled by: DFA	S Page 1 of 5			

CUI (when filled in)

4. WARD'S RESIDENCE											
a. TYPE OF RESIDENCE (X and	complete as applicable)										
HOME OR APARTMENT OF	MEMBER		HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship)								
HOME OR APARTMENT OF											
	FORMER SPOUSE OF MEM	BER									
	N			OTHER (E)	kpiain)						
b. OWNER OF RESIDENCE											
(1) NAME (Last, First, Middle Initia	al)	(2) ADDRESS (Stree	et, Apa	artment Numb	oer, City, St	tate, ZIF	P Cod	le)			
c. IS RESIDENCE SUBSIDIZED I		d. DATE WARD BEG	GAN	LIVING AT C	URRENT	e. DA	TE W			WITH PERSON	wно
YES			ADDRESS (YYYYMMDD) CURRENTLY HAS PHYSICAL CUSTODY (YYYYMMDD)								
5. IF WARD IS A FULL-TIME	STUDENT										
a. ADDRESS WHERE WARD RE		CHOOL (Street, Apartmen	nt Nur	mber, City, Sta	ate, ZIP Co	de)					
b. TYPE OF RESIDENCE (X and	complete as applicable)										
WARD'S OWN HOME OR A	PARTMENT				OORMITOR	RY OR O	OTHE	R ON-CAN	IPUS FACI	LITY	
				HOME OR A	APARTMEI	NT OF I	FRIE	ND OR REL	<b>ATIVE</b> (Sta	ate relationship)	
		valain)									
	MEMBER'S WIDOW OR WID			OTHER (E)							
c. ADDRESS WHERE WARD RE	SIDES WHILE NOT ATTEND	NG SCHOOL (Longer thar	n 90 c	days) (Street, i	Apartment	Numbe	r, City	∕, State, ∠IF	Code)		
d. TYPE OF RESIDENCE (X and	complete as applicable)			_							
WARD'S OWN HOME OR A	PARTMENT				OORMITOR	RY OR O	OTHE	R ON-CAN	IPUS FACI	LITY	
				HOME OR A	APARTMEI	NT OF I	FRIE	ND OR REL	<b>ATIVE</b> (Sta	ate relationship)	
	MEMBER'S FORMER SPOU		_		(nlain)						
	MEMBER'S WIDOW OR WID	OWER		OTHER (E)	(piain)						
6. PERSONS LIVING IN HOU	JSEHOLD WITH WARD										
	a NAME (Loot Eirot Middl				b. AGE	c. N	IARF	RIED (X)		d. EMPLOYED	
	a. NAME (Last, First, Middle				D. AGE	YE	s	NO	HOURS	S PER WEEK	NO (X)
							]				
							]				
							]				
							1				
							1				
							1				
7. HOUSEHOLD EXPENSES List the household expenses expense; list it as an expense for dwelling. If ward does not FRV is used, give a brief expla FAIR RENTAL VALUE (f expect to receive from a stran	s for all persons living in the for the past 12 months. If reside in member's housel anation of how Fair Rental FRV): FRV is a single mon	ward resides in the mer hold or in a dwelling own Value was obtained in t thly sum for the entire o RV will not include food,	mber ned k the R dwell	r's household by member, Remarks sec ling where th	d or in a d list actual tion. ne ward liv	lwelling mortg ves. Th	g owi age, nis si	ned by me rent, or Fl um is an a	mber, use RV if dwel	e Fair Rental Va ling is mortgag e owner can rea parately.	alue (FRV) e-free. If asonably
ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS		ITE	EM		PR	ESENT MO		TOTAL EX FOR PAS MONT	ST 12
a. (X one)           RENT         FRV           MORTGAGE (Specify         amount of tax and           important of tax and         important of tax and				FURNITURE							
insurance if applicable)			e.	REPAIRS ON	HOME						
INSURANCE			k. (	OTHER (Spec	ify)						
b. FOOD			-								
c. UTILITIES (Heat, power, water, and telephone)											

## 8. WARD'S PERSONAL EXPENSES

List personal expenses for ward. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the ward's personal expenses regardless of who is paying for them.

ITEM	PRESENT MO EXPENS		TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MO EXPENS		TOTAL EXPENSE FOR PAST 12 MONTHS			
a. CLOTHING				g. PRIVATE AUTO PAYMENTS (If auto is registered in						
b. LAUNDRY AND DRY CLEANING				child's name)						
<b>c. MEDICAL</b> (Do not include expenses paid by insurance, welfare, or Medicare)				TION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)						
d. VALUE OF USIP CARD (Verification of amount is required)				i. SCHOOL EXPENSES (Itemize)						
e. PERSONAL INSURANCE (Specify)										
				j. OTHER (Specify)						
f. PERSONAL TAXES (Specify)										
9. WARD'S SCHOOL EXPENSES List ward's school expenses even if covered by scholarship, grant, or other financial aid.										
ITEM		AV	EXPENSE	ITEM		AV	ERAGE MONTHLY EXPENSE			
a. TUITION				e. BOARD (Food)						

f. OTHER SCHOOL EXPENSES (Specify)

c. SPECIAL FEES

d. ROOM (Rent)	d.	ROOM	(Rent)
----------------	----	------	--------

b. BOOKS

## 10. IF WARD IS IN HOSPITAL OR INSTITUTION (INCAPACITATED)

If ward is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.

a. DATE WARD ENTERED HOSP	PITAL/INSTITUTION (YYYYM	MMDD)	b. ANTICIPATED DATE OF DISCHARGE (If known) (YYYYMMDD)							
c. WILL CHILD RETURN TO MEN	IBER'S HOME AFTER DISC	CHARGE? (If "NO," explain	where child will reside)							
YES										
NO										
d. WARD'S EXPENSES IN HOSP	ITAL OR INSTITUTION									
ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS					
(1) ROOM			(8) EDUCATION							
(2) FOOD			(9) TRANSPORTATION							
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE (Specify)							
(4) SPECIALIZED EQUIPMENT										
(5) MEDICAL CARE			- (11) OTHER (Specify)							
(6) CLOTHING										
(7) LAUNDRY/DRY CLEANING										

## CUI (when filled in)

10	10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:										
	SOURCE	PRESENT MONTHLY INCOME	TOTAL INC FOR PAS MONTH	T 12	SOURCE			PRESENT MONTHLY INCOME		TOTAL INCOME FOR PAST 12 MONTHS	
U S I P	(1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)				(4) STATE OR LOCAL AGENCY (Name and Address)						
C A R D	(2) MILITARY MEDICAL TREATMENT FACILITY										
					(5) MEMBER						
(3)	PRIVATE INSURANCE (Name and Address)			(6) OTHER (Explain and give							
				name and a							
11	. WARD'S EMPLOYMENT										
	Has ward been employed since	с Ц	YES		NO						
lf "	YES," furnish the following inform	nation. Use the Remarks see	ction to continue								
а.	(1) NAME OF EMPLOYER				EMPLOYMENT TED (YYYYMM)			MPLOYMENT (YYYYMMDD)		<b>IONTHLY SALARY</b> Gross)	
a.	a. (5) TYPE OF WORK PERFORMED (6) REASON EMPLOYMENT ENDED										
-	(1) NAME OF EMPLOYER		(2) DATE EMPLOYMENT STARTED (YYYYMMDD)     (3) DATE EMPLOYMENT ENDED (YYYYMMDD)     (4) MONTHLY SALARY (Gross)								
b.	(5) TYPE OF WORK PERFOR		(6) REASON EMPLOYMENT ENDED								
	(1) NAME OF EMPLOYER				(2) DATE EMPLOYMENT STARTED (YYYYMMDD)(3) DATE EMPLOYMENT ENDED (YYYYMMDD)(4) MONTHLY SALARY (Gross)						
c.	(5) TYPE OF WORK PERFOR		(6) REASON EMPLOYMENT ENDED								
d.	IS OR WAS WARD'S JOB CON	ISIDERED AS BEING A "SH	HELTERED WOR	RKSHOP" -	THAT IS, OPE	N ONLY	TO DISABL	ED OR HANDI	CAPPED PE	OPLE?	
	YES (If "YES" and ward is curre	ently working, attach a staten	nent from the em	ployer verify	ving this informa	tion.)					
	NO . WARD'S SCHOOL ATTEN										
12	Has ward attended college sind			YES			NO	(If Yes, furnish	the following	n.)	
_	(1) NAME AND ADDRESS OF	-							(2) (X as ap	,	
a.										ECEIVING DEGREE	
	(3) DATES ATTENDED			(4) (X) FULL-			FULL-T	IME	(5) WARD'S	MAJOR	
							 PART-T	IME			
	(1) NAME AND ADDRESS OF	SCHOOL							(2) (X as ap	plicable)	
								IONAL			
b.									ECEIVING DEGREE		
	(3) DATES ATTENDED				(4) (X) FULL-TIN			TIME (5) WARD'S MAJOR		MAJOR	
ре	13. WARD'S INCOME All gross income received by or in behalf of the ward, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the ward. If any income received during the past 12 months was a lumpsum (one-time) payment, be sure to state this. Verification documents are required.										
SOURCE PRESENT MONTHLY FOR P. INCOME MON				ST 12				PRESENT MONTHLY INCOME TOTAL INCOME FOR PAST 12 MONTHS		FOR PAST 12	
	VAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES				d. SOCIAL SEC DISABILITY						
b. I	NTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				(Specify)	on neo	<b>U</b> LINK				
0	NSURANCE OR PUBLIC/ GOVERNMENT PENSION				e. SUPPLEMEN SECURITY II		SSI)				
PAYMENTS,UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)					f. VETERANS ADMINISTRATION PAYMENTS (Specify type)						

1

## CUI (when filled in)

13. WARD'S INCOME (Co	ontinued)				
SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY	TOTAL INCOME FOR PAST 12 MONTHS
h. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID INCLUDING AID TO DEPENDENT CHILDREN (Include agency and address in Remarks section)		
I. SCHOLARSHIPS OR EDUCATIONAL GRANTS			,		
j. TAX REFUNDS (Specify)			<b>k. OTHER</b> (Specify)		
14. MEMBER'S CONTRIE	BUTION				
a. SHOW THE TOTAL AMO	DUNT THE MEMBER HAS CON	TRIBUTED TO THE WARD'	S SUPPORT FOR EACH OF THE PA	ST 12 MONTHS.	
MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT
b. MEMBER PROVIDES	SUPPORT BY (X one)				
11. REMARKS (Use back	if necessary)				
	visions, sign and date the				
scheme, or device, a materi same to contain any false, f	al fact, or makes any false, fict ctitious, or fraudulent stateme	itious, or fraudulent statem nt or entry, shall be fined as	the United States, knowingly and the united States, knowingly and the ents or representations, or makes of sprovided in Title 18, or imprisoned the Military Service investigative age	or uses any false writing of I not more than 5 years, of	r document knowing the
			willfully making a false claim. (Under the subject to a fine in the amoun		n 287, formerly section
a. CUSTODIAN				(print name(s	s)) will immediately notify
the service concerned of a	any change in child's financial cir	cumstances, marital status, p	physical custody, or change in depend	ency upon the service mem	ber as shown in this form.
(1) SIGNATURE OF PERSO	N WHO HAS CUSTODY OF THI	E WARD (Can be member or	other than member)	(2) DATE SIGNI	ED (YYYYMMDD)
b. NOTARY PUBLIC Subscribed and duly sworr	n (or affirmed) to before me acco	rding to law by the above nar	med affiant(s).		
Thisday of	,,	, at city (or town	n) of	, county of	,
and state (or territory) of		·			
				(Notary)	
(Official Seal)				(Official Title)	
c. MEMBER					
(1) SIGNATURE				(2) DATE SIGN	ed (Yyyymmdd)
DD FORM 137-7, M	AR 2018		en filled in)		Page 5 of 5