

1980

## State of Utah v. Mary Pierren : Brief of Appellant

Utah Supreme Court

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STEPHEN G. SCHWENDIMAN; Attorney for Respondent; MICHAEL E. BULSON; Attorney for Appellant;

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IN THE SUPREME COURT OF THE  
STATE OF UTAH

-----

STATE OF UTAH,	)	
Plaintiff	)	
Respondent,	)	
-vs-	)	Case No. 16802
MARY PIERREN,	)	
Defendant	)	
Appellant.	)	

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BRIEF OF APPELLANT

-----

Appeal from the Memorandum Decision by Judge Calvin Gould of the District Court for Weber County, State of Utah.

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IN THE SUPREME COURT OF THE  
STATE OF UTAH

-----  
STATE OF UTAH, Department     )  
of Social Services,             )

Plaintiff-Respondent,         )

-vs-                             )

Case No. 16802

MARY PIERREN,                 )

Defendant-Appellant.         )  
-----

PRELIMINARY STATEMENT

This is an appeal from the Memorandum Decision dated October 3, 1979 by Judge Calvin Gould of the District Court of Weber County, State of Utah. Specifically, appellant appeals the trial court's holding that plaintiff-respondent be awarded judgment for \$3,006.00 on the basis that public assistance was provided appellant because of fraudulent misrepresentations regarding the presence of appellant's ex-husband in the home.

DISPOSITION IN LOWER COURT

On September 14, 1978 a complaint was filed against appellant alleging that public assistance received by appellant during the period August 1976 through May 1977 had been induced by fraudulent misrepresentations regarding material facts upon which respondent had relied. The suit sought to recover a total of \$4,080.00 in public

assistance. A trial before the Honorable Calvin Gould was held on September 11, 1979 and continued for further proceedings on September 12, 1979 and September 26, 1979. After hearing the testimony of the witnesses, Judge Gould entered a memorandum decision on October 3, 1979 finding that appellant had asserted in her first application for public assistance and had continued to assert in application reviews that the father of her children did not live in the household. The Court found this assertion or representation to be false; that it was known by appellant to be false; that it was material; that respondent relied thereon; that the reliance was reasonable; and that the representation induced payment by the respondent. On this basis, the Court entered judgment against appellant for \$3,066.00, representing the damages prayed for in the complaint minus a set off for the amount of food stamps which appellant was entitled to during the period of time involved.

#### RELIEF SOUGHT ON APPEAL

Appellant asks this Court to reverse the trial court's memorandum decision finding that appellant received public assistance from the respondent for a total of \$4,080.00 based on fraudulent representations regarding material matters upon which the respondent relied.

#### STATEMENT OF FACTS

Appellant is a 29 year old mother of four children who at the time the action arose lived at 245 33rd Street,

Ogden, Utah. Two of appellant's children are from a former marriage to Larry D. Rodriquez which ended in divorce on March 20, 1970. Appellant's two other children are from her marriage to Pierre Pierren, a marriage which also ended in divorce on July 26, 1976.

In April 1976 appellant applied for public assistance and food stamps from the Utah Department of Social Services. Appellant completed an application dated April 2, 1976 which is attached hereto as Appendix A. On September 21, 1976, appellant completed and signed a reapplication and affidavit for assistance and food stamps which is attached hereto as Appendix B. A similiar document was executed by appellant on March 7, 1977 and is attached as Appendix C. At the time of her initial application on April 2, 1976, appellant also executed an assignment of collection for support payments against Larry D. Rodriquez as well as an affidavit as required by the Utah Department of Social Services. (Appendix D) During the period of time for which recovery is sought in this action (August 1976 through May 1977), appellant received a total amount of \$4,080.00 in public assistance from the State of Utah. Of this amount, \$1,014.00 was deducted from appellant's public assistance as payment toward food stamps under an optional public assistance withholding program ("PAW").

At the trial, appellant's ex-husband, Pierre Pierren, testified as to several places where he was living during the time period involved. (Record, at 81-85).

He testified that he never lived with the appellant, never stayed overnight, but would visit appellant frequently in order to see his children and in an effort to reconcile with the appellant. (Record, at 85-87) Appellant's ex-husband rented the apartment for her partly because of her emotional condition which inhibited her from associating with other people and which made it difficult for her to approach superiors. (Record, at 94, 105, 249) Appellant's ex-husband testified that he rented the apartment for his ex-wife but paid the rent with her money. (Record, at 94)

Several witnesses presented by the state testified that they had frequently seen appellant's ex-husband around the apartment, although none could testify that he was actually spending the night at appellant's apartment. Further, the state's witnesses were in agreement that they had never seen any clothes, shaving kit or other personal effects belonging to appellant's ex-husband in her apartment. (Record, at 114-15, 132, 137, 141, 147-48, 154)

Several witnesses presented by the appellant, including her mother, Mary Jensen, testified that appellant's ex-husband was not living with the appellant. (Record, at 227) These witnesses confirmed appellant's ex-husband's testimony concerning the various addresses where he was staying during the time period involved. (Record, at 225-31, 234-35) Appellant also testified that her ex-husband was not living with her, did not stay overnight and was not providing financial support. (Record, at 248-55) She

testified that after they saw their lawyer about obtaining a divorce, her ex-husband never lived with her, although he did pay the rent for her apartment with her own money. (Record, at 268) At the conclusion of the trial, the presiding judge concluded that he did not believe that appellant's ex-husband was living in her residence at night, that appellant did not permit that. He also opined that appellant's ex-husband, "was truly an alcoholic and was not capable of rendering any assistance to anyone because of that alcoholism". (Record, at 277)

### ARGUMENT

#### POINT I.

THE TRIAL JUDGE ERRED IN FINDING THAT THE STATE PROVED BY CLEAR AND CONVINCING EVIDENCE THAT APPELLANT'S EX-HUSBAND WAS LIVING IN HER HOUSEHOLD AS THOSE TERMS ARE UNDERSTOOD IN THE AFDC REGULATIONS AND RELEVANT CASE LAW.

The program known as Aid to Families with Dependent Children (AFDC) is one of many public assistance titles of the Social Security Act which provide assistance on a categorical basis to eligible needy persons. The AFDC program provides for federal financial participation in the cost of assistance provided by the state to its eligible poor and also requires the state to establish a state plan setting forth procedures for application for assistance, eligibility requirements, types of assistance and services available, fair hearings and judicial review. CCH Pov. L. Rep. ¶1010.

AFDC provides that needy children may be eligible for such assistance if they are (1) under the age of eighteen, or under 21 if regularly attending school, college, or university, or regularly attending a course of vocational or technical training; (2) deprived of parental support or care by reason of the death, continued absence from the home or physical or mental incapacity of a parent, or unemployment of a father; and (3) living in the home of a parent or of certain specified relatives or in foster care under certain conditions. (45 C.F.R. §233.10(b)(2)) The AFDC regulations provide for federal financial participation for assistance payments for the entire month if for any portion of the month the individual met all of the eligibility conditions imposed by the federal requirements. (45 C.F.R. §233.10(b)(3)) The regulations further provide:

(a) State plan requirements. A State plan under title IV-A of the Social Security Act (AFDC) shall provide that:

(1) The determination whether a child has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, or (if the State plan includes such cases) the unemployment of his father, will be made only in relation to the child's natural or adoptive parent, or in relation to the child's stepparent who is ceremonially married to the child's natural or adoptive parent and is legally obligated to support the child under State law of

general applicability which requires step-parents to support stepchildren to the same extent that natural or adoptive parents are required to support their children. 45 C.F.R. §233.90(a)(1)

The regulations further provide concerning continued absence from the home:

Continued absence of the parent from the home constitutes the reason for deprivation of parental support or care when the parent is out of the home, the nature of the absence is such as either to interrupt or to terminate the parent's functioning as a provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes counting on the parent's performance of his function in planning for the present support or care of the child. If these conditions exist, the parent may be absent for any reason, and he may have left only recently or some time previously. 45 C.F.R. §233.90(c)(iii) (Emphasis added)

The State of Utah, Department of Social Services has also promulgated regulations implementing the AFDC program. Pertinent excerpts of the state regulations provide as follows:

## 224 Deprivation of Support

The child is considered deprived of parental support if a parent is absent, dead, or incapacitated, or if the child's father is unemployed.

### 224.1 Absence of a Parent

1. A parent's continued absence does not in itself constitute deprivation of parental support.
2. A parent must be absent from the home for thirty days from the date of application

unless the applicant can prove to the satisfaction of the District Office that the nature and duration of the absence meet eligibility requirements.

....

#### 224.12 Nature of Absence

1. The nature of the absence must interrupt or terminate the parent's providing maintenance, physical care, or guidance of the child.  
(Emphasis added)
2. The District Director or his designee is responsible for deciding whether the absence will interrupt or terminate the parent's providing of maintenance, physical care, or guidance of the child.  
(Emphasis added)

#### 224.13 Duration of Absence

1. The duration of the absence must make it impossible to count on the parent's planning for the present support or care of the child. APA Reg. Vol. II §§224, 224.1, 224.12, 224.13.1

As the foregoing regulations indicate, the key issue to be considered in this appeal is whether appellant's ex-husband was absent from her household to the extent that his absence would interrupt or terminate his providing maintenance, physical care, or guidance of the children. As the transcript indicates, the trial judge struggled with the question of what "living with" or "in the household" means and counsel for the state also indicated that he

THE COURT: What does live in the household mean? Could I go there twice a week to visit those children and not be living there?

MR. BARCLAY: If that's in fact what he did, I would concur.

THE COURT: Could you go there three times a week?

MR. BARCLAY: I would concur.

THE COURT: Could he go there four times a week?

MR. BARCLAY: Very possibly so.

THE COURT: If he did not stay there at night, could he go there as much as frequently during the week as he wishes and he would not be considered living there?

MR. BARCLAY: No, I think that there is a time when the person is living there.

THE COURT: Can you help me reach that time? Have you got a case anywhere that helps me reach that time?

MR. BARCLAY: I don't have.  
(Record, at 211)

Thus, as the trial judge stated at one point, this is a case of first impression in this state. (Record, at 277) However, a number of cases decided in other jurisdictions cast sufficient light on the issue raised as to permit the conclusion that appellant's ex-husband was not living with her in the household during the period of time in question. In the case of Johnson v. Finch, 350 F. Supp. 945 (N.D. Tex., Dallas Div. 1972), dealing with another title of the Social Security Act, the Court considered whether a petitioner was eligible for insurance benefits on behalf of herself and her five children upon the death of their wage earner

and the deceased had entered into a common law marriage in the State of Texas and presented evidence that her deceased husband was "living" with the family at the time of his death. The Court in ruling against the petitioner stated:

The evidence clearly shows that the wage earner was not living with the children at the time of his death. Dorothy Johnson testified that Edgar did not live with her after 1959 but was staying with another woman. She further testified that Edgar did not eat or sleep at her house on a regular basis but would occasionally visit or spend the night. She considered them to be merely dating or going together after 1959 and until his death. Merely visiting or occasionally spending the night cannot be equated with the requirement of "living with" contained in Section 126(h)(3)(C)(ii) of the Social Security Act. Johnson v. Finch, supra., at 947.

Similarly, in McPadden v. Morris, 126 Conn. 654, 13 A.2d, 679, 680 (1940) the Court stated:

...To live with another means to dwell, to reside, to make one's abiding place or home with that other. The phrase may also mean to cohabit. Webster's International Dictionary.

I accept the definition found in Nelson's Case, 217 Mass. 467, 469, 105 N.E. 357, 358, as most in accord with sound legal logic. 'With whom she lives' \* \* \* means living together as husband and wife in the ordinary acceptance and significance of these words in common understanding. They mean maintaining a home and living together in the same household, or actually cohabiting under conditions which would be regarded as constituting a family relation. There may be temporary absences and incidental interruptions arising out of changes in the house or town of residence, or out of travel for business or pleasure. \* \* \* The matrimonial

abode may be a roof of their own, a hired tenement, a boarding house, a rented room or even a room in the house of a relative or friend, however humble or temporary it may be. But there must be a home and a life in it.

Several state Courts have considered the circumstances under which a parent of AFDC children should be considered absent from the household. Four cases were discovered in which the parent was found to not be absent because of evidence establishing presence in the household. These cases include: Fettrow v. Com., Dept. of Public Welfare, 407 A.2d 487 (Penn. 1979); Shannon v. Department of Human Services, 157 N.J. Sup. 251, 384 A.2d 899 (Super. Ct., N.J., App. Div. 1978); Darrow v. D'Elia, 54 A.D.2d 905, 388 N.Y.S.2d 25 (Sup. Ct., App. Div., 2d Dept. 1976); Hill v. Missouri Dept. of Public Health and Welfare, 520 S.W.2d 182 (Mo. Ct. App., St. Louis Dis., Div. 2, 1975).

In Fettrow v. Com., Dept. of Public Welfare, supra., the petitioner indicated that her husband was not continually absent from the home and this testimony was corroborated by her husband. The Court stated:

...It is uncontroverted, however, that the petitioner also told her caseworker when she filed her application that her husband had been back and forth between her house and his parents' house and had spent some nights with her. And, when the caseworker attempted to check this information, the husband informed the caseworker that he was 'sort of separated' from his wife. The petitioner's own statements, therefore, indicated that her husband was not in fact continuously absent from the home, and this information was corroborated by her husband. Fettrow v. Com., Dept. of Public Welfare, supra., at 488.

In Shannon v. Department of Human Services, supra., the Court upheld a determination by the New Jersey Department of Human Services that appellant's AFDC grant should be reduced on the grounds that the father of one of her children was living in the home. The evidence presented to establish the presence of appellant's husband (Taggart) in the home included:

- (1) all of Taggart's mail [was] received at Ms. Shannon's home;
- (2) the utilities were billed in Taggart's name;
- (3) the lease upon Ms. Shannon's home was taken out in Taggart's name;
- (4) Taggart's driver's license and automobile registration listed Ms. Shannon's address as Taggart's;
- (5) a letter sent to Taggart's supposed East Orange address was returned with no forwarding address. Shannon v. Department of Human Services, supra., at 900.

In Darrow v. D'Elia, supra., the Court held that there was substantial evidence to support the Commissioner of the State Department of Social Services' decision that the stepparent of the appellant's AFDC children was in the house because of the following facts:

- (1) the family was living together;
- (2) the household furniture was shared in common;
- (3) the husband was paying the gas and electric bills; and
- (4) the husband and wife had a joint checking account. Darrow v. D'Elia, supra., at 26.

Finally, in Hill v. Missouri Dept. of Health

and Welfare, supra., the Court affirmed an administrative decision that appellant was not entitled to AFDC benefits because her husband was not absent from her home. The evidence presented to establish the presence of the husband in the home included:

- (1) the testimony of an investigator that Mr. Hill's automobile was parked in front of appellant's house on several occasions during the two week investigation;
- (2) testimony of an investigator that he spoke to appellant and asked when her husband would be home and she replied around 6:00 p.m.;
- (3) an admission by the claimant and her husband that they filed a joint income tax return and that they opened a joint checking account; and
- (4) an application for food stamps which listed both claimant and her husband as members of the household. Hill v. Missouri Dept. of Health and Welfare, supra., at 184.

In a case such as the present one where fraud is alleged, the Utah Supreme Court has held that the burden is upon the party alleging fraud to prove each element of the cause of action by clear and convincing evidence; a higher standard than that normally imposed in a civil action of proving a cause of action by a preponderance of the evidence. Pace v. Parrish, 247 P.2d 274 (Utah 1952) When the evidence adduced at trial in the instant case is viewed in the light of the holdings in the foregoing cases, it is clear that the state did not prove by clear and convincing evidence that appellant's husband was living with her in her household. Uncontroverted testimony by several witnesses at the



meaning of the AFDC regulations is Freeman v. Lukard, 465 F. Supp. 1269 (D.C.E.D. Va., Richmond Div., 1979). In this case, the appellant challenged a determination that her two youngest children were ineligible for Aid to Dependent Children (ADC) benefits because their father was not absent from their home. The findings at the trial level showed that although the father was absent from the home:

[H]e continued to visit the younger children daily, discussed their care with the plaintiff, and provide them with milk and diapers. Thus, the father's absence from the home did not result in a total deprivation of maintenance, physical care, or guidance. Hence the children are ineligible for ADC. Freeman v. Lukard, supra., at 1271.

The Freeman case illustrates an important factor which is missing from the instant case, namely, that the state in order to prove appellant's ineligibility for AFDC must show that the father's absence from the home did not result in deprivation of maintenance, physical care or guidance. However, the transcript of the trial is devoid of evidence showing that appellant's ex-husband provided any of these three elements. Most of the state's evidence centers on an attempt to show that appellant's ex-husband was spending the night with her at her residence, evidence which the trial judge did not find to be persuasive. (Record, at 201-12, 277) The transcript suggests that the state's theory of the case was that by merely showing that appellant's ex-husband occasionally visited her at her household it had,

therefore, established that he was providing maintenance, care and guidance. Yet, as the regulations and aforecited cases show, the emphasis is on the providing of maintenance, physical care or guidance, evidence of which is noticeably absent in the trial record. In fact, as the trial judge pointed out after the testimony, appellant's ex-husband "was not capable of rendering assistance to anyone". (Record, at 277)

## POINT II.

THE TRIAL JUDGE'S FINDING VIOLATES APPELLANT'S CONSTITUTIONAL RIGHT OF DUE PROCESS BECAUSE IT CREATES A CONCLUSIVE PRESUMPTION THAT AN EX-HUSBAND WHO OCCASIONALLY VISITS IS PRESUMED TO BE PROVIDING MAINTENANCE, PHYSICAL CARE OR GUIDANCE.

A number of cases have considered whether income or resources of another person in an AFDC home must be deemed available to the AFDC parent. One such case is Hurley v. Van Lare, 380 F. Supp. 167 (S. and E.D.N.Y. 1974) aff'd. on other grounds 421 U.S. 338, 44 L.Ed.2d 208, 95 S. Ct. 1741 (1975). In this case, a three judge panel was asked to consider whether New York's welfare regulations which automatically reduced aid to families with dependent children if the recipient housed a noncontributing "lodger" were invalid. The Court in ruling that the New York regulations were invalid stated:

Irrebuttable presumptions are offensive to due process because they effectively deny an individual the essential procedural right to challenge the purported factual basis of a determination adversely affecting his own liberty or property. In this case the 'property' right in question is the AFDC recipient's statutory

entitlement to a shelter allowance commensurate with actual need. Thus the rule against irrebuttable presumptions is an aspect of procedural, not substantive, due process. Hurley v. Van Lare, supra., at 175

Other cases cited by the case as standing for the rule against irrebuttable presumptions include:

Vlandis v. Kline, 412 U.S. 441, 452, 93 S. Ct. 2230, 2236, 37 L.Ed.1d 63, 71 (1973) (irrebuttable presumption of non-residency of student invalidated). See also, e.g., United States Dep't of Agriculture v. Murray, 413 U.S. 508, 93 S. Ct. 2832, 37 L.Ed2d 767 (1973) (denying food stamp eligibility on basis of irrebuttable presumptions of lack of need unconstitutional); Stanley v. Illinois, 405 U.S. 645, 92 S. Ct. 1208, 31 L.Ed.2d 551 (1972) (irrebuttable presumption preventing unwed father's custody of child violative of due process); Stewart v. Wohlgemuth, 335 F. Supp. 1212 (W.D. Pa. 1972) (irrebuttable presumption terminating welfare benefits of college students violative of due process); Owens v. Parham, 350 F. Supp. 598 (N.D. Ga. 1972) (irrebuttable presumption reducing shelter allowance on ground members of household bear pro rata share of expenses violative of due process); Boucher v. Minter, 349 F. Supp. 1240 (D. Mass. 1972) (irrebuttable presumption where stepfather lives in same house violative of due process). Hurley v. Van Lare, supra., at 173.

The Court noted that there is no warrant for an automatic denial of a right on the basis of an irrebuttable presumption,

'when that presumption is not necessarily or universally true in fact, and when the state has reasonable alternative means of making the crucial determination.' Vlandis v. Kline, 412 U.S. 441, 452, 93 S. Ct. 2230, 2236, 37 L.Ed.2d 63, 71 (1973). Hurley v. Van Lare, supra., at 173

A recent Supreme Court decision in Nebraska, Elliot v. Ehrlich, 203 Neb. 790, 280 N.W.2d 637 (1979), illustrates the offensiveness of a rule or regulation that conclusively presumes that the income of a relative residing in an AFDC home is deemed contributed to the needs of the children. In this case, an appeal was taken from an administrative decision which denied the applications of two pregnant girls for AFDC benefits because they were residing with their mother. Under the Nebraska regulation, the income of the girls' mother was considered to be contributed to them, thus making them ineligible for assistance. The Court held:

Regulation IX-4731 creates an irrebuttable presumption that a maternal grandparent, who has no legal duty to support an unborn grandchild, actually contributes all income required for the needs of the unborn child. Statutes creating a permanent irrebuttable presumption have long been disfavored under the Due Process Clauses of the Fifth and Fourteenth Amendments. See Vlandis v. Kline, 412 U.S. 441, 93 S. Ct. 2230, 37 L.Ed.2d 63. Elliot v. Erlich, supra., at 642.

The Court noted further:

Regulation IX-4731, to the extent that it creates an irrebuttable presumption that the income of maternal grandparents is contributed to the needs of an unborn grandchild, denies the plaintiffs equal protection of the law and due process of law and is invalid and unconstitutional under the United States and Nebraska Constitutions. The evidence in the record fails to establish the amounts that the grandmother of the unborn children here actually contributed to their needs, and because of the regulation no evidence was presented on that issue. Elliot v. Erlich, supra., at 642.

Other cases which have held that income and resources must actually be available to a welfare recipient include: Hammond v. Secretary of Health Education and Welfare, 475 F. Supp. 675 (D.C.D. Colo. 1979); Green v. Barnes, 485 F.2d 242 (10th Cir. 1973); Vialpando v. Shea, 475 F.2d 731 (10th Cir. 1973); aff. 416 U.S. 251, 94 S. Ct. 1746, 40 L.Ed.2d 120 (1974).

Finally, in another state Court decision, Hairston v. Toia, 412 N.Y.S.2d 666 (Sup. Ct., App. Div., 2d Dept. 1979) the Court, in reversing a departmental decision which terminated plaintiff's AFDC grant because the father of the children born out of wedlock resided with them, stated:

Under the applicable federal regulation, the income of, inter alia, a natural parent may be considered in establishing financial eligibility only to the extent of 'such net income as is actually available for current use on a regular basis' (45 C.F.R. §233.90[a]).

We may not indulge in a presumption that some or all of the father's net income (beyond the amount he is currently obligated to pay for child support) is available for the support of his children born out of wedlock merely because he resides with them (cf. Matter of Uhrovick v. Lavin, 35 N.Y.2d 892, 364 N.Y.S.2d 890, 324 N.E.2d 360, affg 43 A.D.2d 481, 352 N.Y.S.2d 529; see, also, Murray v. Toia, 92 Misc.2d 15, 399 N.Y.S.2d 571).

Based on the foregoing cases, it is clear that the state in attempting to prove that appellant was ineligible for AFDC because her ex-husband was living with her in her household, could not conclusively presume that his income was available to her. Rather, the state was required to show that appellant's husband actually contributed income to the household. Yet, the testimony presented at trial was

clear that appellant's husband was not making such a contribution of his income. Appellant testified that although her husband paid the rent for her, he paid for it with her own money and that she bought the food. (Record, at 255) Furthermore, as Plaintiff's Answers to Defendant's First Set of Interrogatories state, plaintiffs did not allege that appellant's ex-husband was providing her with support or monetary payments during the period involved:

26. Does plaintiff allege that defendant's former husband was providing any support or monetary payments to the defendant or her children during the years of 1976 and 1977?

ANSWER: No. (Record, at 10)

Thus, although plaintiff sought to introduce evidence into the record concerning income contributed by appellant's ex-husband, such attempts were properly objected to by appellant's trial counsel and should not have been considered by the trial court. (Record, at 92, 100-102)

Thus, any evidence concerning support or monetary payments provided by the appellant should be excluded and in the absence thereof, the state should not be permitted to prove its case by a conclusive presumption that by occasionally being present in the home, appellant's ex-husband was providing maintenance in the form of support or monetary payments.

Furthermore, since no evidence was presented that appellant's ex-husband was actually providing physical care or guidance to appellant's children, this Court should not permit the trial court's decision to stand. To do so would

permit the state to prove its case by a conclusive presumption rather than by clear and convincing evidence that physical care and guidance were actually provided.

POINT III.

APPELLANT WAS DENIED DUE PROCESS OF LAW UNDER THE U.S. AND UTAH CONSTITUTIONS BECAUSE THE STATE AFDC REGULATIONS ON THEIR FACE AND AS APPLIED TO APPELLANT ARE UNCONSTITUTIONALLY VAGUE.

That a statute or regulation may not be written in such vague terms as to deprive a person of life, liberty or property without due process of law is clearly established. As the Supreme Court stated in Grayned v. City of Rockford, 408 U.S. 104 33 L.Ed.2d 222, 227, 92 S. Ct. 2294 (1974):

It is a basic principle of due process that an enactment is void for vagueness if its prohibitions are not clearly defined. Vague laws offend several important values. First, because we assume that man is free to steer between lawful and unlawful conduct, we insist that laws give the person of ordinary intelligence a reasonable opportunity to know what is prohibited so that he may act accordingly. Vague laws may trap the innocent by not providing fair warning. Second, if arbitrary and discriminatory enforcement is to be prevented, laws must provide explicit standards for those who apply them. A vague law impermissibly delegates basic policy matters to policemen, judges, and juries for resolution on an ad hoc and subjective basis, with the attendant dangers of arbitrary and discriminatory application.

As the Court in Cramp v. Board of Public Instruction, 368 U.S. 278, 7 L.Ed.2d 285, 292 82 S. Ct. 75 (1961) stated:

[A] statute which either forbids or requires the doing of an act in terms so vague that men of common intelligence must necessarily guess at its meaning and differ as to its application violates the first essential

of due process of law. (Citation omitted)  
No one may be required at peril of life,  
liberty and property to speculate as to  
the meaning of penal statutes. All are  
entitled to be informed as to what the  
State commands or forbids. (Citation  
omitted) Words which are vague and fluid  
. . . may be as much of a trap for the  
innocent as the ancient laws of Caligula.  
(Citation omitted)

It is clear that a state law or regulation whether labelled  
"penal" or not must meet the challenge that it is unconstitu-  
tionally vague. Giaccio v. Pennyslvania, 382 U.S. 399, 15  
L.Ed.2d 447, 450, 86 S. Ct. 518 (1966). Appellant, like  
all citizens of the United States, is entitled to be informed  
as to what the state law commands or forbids. If appellant  
is to be penalized for an action in violation of a law, she  
had the right to insist that the law give fair notice of  
the offending conduct. Papachristou v. City of Jacksonville,  
405 U.S. 156, 31 L.Ed.2d 110, 115, 92 S. Ct. 839 (1972).

A good summary of the criteria which a statute  
or regulation must meet in order to overcome a charge of  
vagueness can be found in an opinion by Justice Crockett  
in the case of State v. Packard, 250 P.2d 561, 564 (Utah  
1952):

Concerning the question of uncertainty  
or vagueness of statutes, the authorities  
seem to be in accord that the test a  
statute must meet to be valid is: It  
must be sufficiently definite (a) to in-  
form persons of ordinary intelligence,  
who would be law abiding, what their  
conduct must be to conform to its require-  
ments; (b) to advise a defendant accused  
of violating it just what constitutes the  
offense with which he is charged, and (c)  
to be susceptible of uniform interpretation  
and application by those charged with re-  
sponsibility of applying it.

The vagueness of the Utah AFDC regulations is apparent from a reading of the brief colloquy in the trial transcript between the trial judge and plaintiff's counsel concerning the meaning of the phrase "living in the home". (Record, at 203-205, 206-212) The "difficulty" which the trial judge expressed having in understanding the phrase (Record, at 206) is traceable not only to the misperception of plaintiff's trial counsel concerning the intent of the AFDC regulations but equally to the vagueness of the state regulation. Plaintiff's counsel repeatedly tried to explain the regulation by references to support provided by the absent parent (Record, at 204), the eating of food while in the home (Record, at 205), the income sources of all people in the household (Record, at 207), income available to residents of the household (Record, at 207), income coming into the household (Record, at 210) and "deprivation of support for these little children". (Record, at 211) Even if it had been proper to consider evidence concerning the contribution of income or support by appellant's ex-husband, the criteria suggested by plaintiff's trial counsel do not overcome the vagueness challenge. It is impossible to decide from the criteria suggested whether appellant had violated the regulation and the trial judge, as in Grayned v. City of Rockford, was left to make a decision on an ad hoc and subjective basis. Even if plaintiff's counsel had utilized the three criteria of maintenance, physical care or guidance of the child it is submitted that these terms would not adequately

The vagueness of the regulation is further compounded by the defective vagueness of the forms which implement the regulation. The application form (Appendix A) requires the applicant in Section 19 to list the types of income for both the applicant and spouse. Since appellant was legally divorced from her husband at the time, she properly reported no income in the spouse column. However, nowhere in the application form nor in the reapplication forms (Appendices B and C) is the applicant asked to state whether an ex-husband may be providing maintenance, physical care, or guidance to the applicant's child, as the state regulation provides. It is upon these patently vague forms, the defectiveness of which were, in fact, admitted by plaintiff's counsel during the trial (Record, at 210), that plaintiff relies in attempting to charge appellant with fraud in applying for AFDC assistance. To allow respondent to succeed in this attempt would be a departure from established law, Rivera v. Dumpson, 54 A.D.2d 646, 387 N.Y.S.2d 632 (1976), and should not be permitted by the Court.

Clearly, the forms upon which respondent bases its case were so vague that appellant, a person of common intelligence, was forced to guess as to their meaning and, because she may have guessed incorrectly, will be deprived of an important property right. The forms obviously did not inform appellant of what her conduct must be in order to conform with the requirements of the AFDC regulations. Finally, such vague forms are not susceptible of uniform interpretation and

application by those charged with applying and enforcing them as required by law. For these reasons, the forms should be found to be defectively vague and to have caused a deprivation of appellant's constitutional rights.

#### POINT IV

RESPONDENT DID NOT ESTABLISH BY CLEAR AND CONVINCING EVIDENCE THAT IT SUFFERED ANY ACTUAL DAMAGES.

In 1975 the statute providing for AFDC assistance was amended to require all applicants for such assistance to assign to the state any rights such applicants might have to child support. 42 U.S.C.A. §602(26)(A)(i). The state is required by the amendment to actually collect the amount of child support and, depending upon the date of the application for assistance, to return some of the collected support to the applicant and retain a portion for the state to reimburse it for assistance payments to the family during the time period involved. 42 U.S.C.A. §§654(5), (7), 657(a) and (b). The regulatory basis for the collection and disbursement of such child support was included in 45 C.F.R. §302.51(b) (1977). The pertinent time periods for collection of child support and the required amounts of disbursement are as follows:

(a) The amounts collected as child support by a State pursuant to a plan approved under this part during the 15 months beginning July 1, 1975, shall be distributed as follows:

(1) 40 per centum of the first \$50 of such amounts as are collected periodically which represent monthly support payments shall be paid to the family without any

decrease in the amount paid as assistance to such family during such month;

(2) such amounts as are collected periodically which are in excess of any amount paid to the family under paragraph (1) which represent monthly support payments shall be retained by the State to reimburse it for assistance payments to the family during such period (with appropriate reimbursement of the Federal Government to the extent of its participation in the financing);

(3) such amounts as are in excess of amounts retained by the State under paragraph (2) and are not in excess of the amount required to be paid during such period to the family by a court order shall be paid to the family; and

(4) such amounts as are in excess of amounts required to be distributed under paragraphs (1), (2), and (3) shall be (A) retained by the State (with appropriate reimbursement of the Federal Government to the extent of its participation in the financing) as reimbursement for any past assistance payments made to the family for which the State has not been reimbursed or (B) if no assistance payments have been made by the State which have not been repaid, such amounts shall be paid to the family.

(b) The amounts collected as child support by a State pursuant to a plan approved under this part during any fiscal year beginning after September 30, 1976, shall be distributed as follows:

(1) such amounts as are collected periodically which represent monthly support payments shall be retained by the State to reimburse it for assistance payments to the family during such period (with appropriate reimbursement of the Federal Government to the extent of its participation in the financing);

(2) such amounts as are in excess of amounts retained by the State under paragraph (1) and are not in excess of the amount required to be paid during such period to the family by a court order shall be paid to the family; and

(3) such amounts as are in excess of amounts required to be distributed under paragraphs (1) and (2) shall be (A) retained by the State (with appropriate reimbursement of the Federal Government to the extent of its

participation in the financing) as reimbursement for any past assistance payments made to the family for which the State has not been reimbursed or (B) if no assistance payments have been made by the State which have not been repaid, such amounts shall be paid to the family.

Thus, under this federal statute, the State has an affirmative duty to collect child support when assigned to it by the applicant for AFDC assistance. Prescott v. Com., Dept. of Public Welfare, 387 A.2d 498 (Penn. 1978).

At the time appellant applied for AFDC assistance on April 2, 1976 she was entitled to child support of \$130.00 per month from her ex-husband, Larry D. Rodriguez, as well as \$120.00 per month from her ex-husband, Pierre Pierren. (Appendices E and F) In accordance with the above-cited law, appellant executed an assignment of her child support at the time of her application. (Appendix C) Thus, appellant acted in accordance with the law and respondent had an affirmative duty to collect the child support and return a portion of it to her during the period from April 2, 1976 until September 30, 1976. After the latter date, the respondent also had an affirmative duty to collect child support from appellant's ex-husbands and retain the necessary amount to reimburse it for AFDC assistance. The record is clear that respondent failed to discharge its duty in this regard. Therefore, respondent suffered no damage during the time period in question and, to date, retains the right to collect the child support owing to appellant and retain it as reimbursement.

POINT V.

EVEN ASSUMING ARGUENDO THAT APPELLANT WILLFULLY WITHHELD INFORMATION CONCERNING HER EX-HUSBAND'S RESIDENCE, RESPONDENT SHOULD NOT BE PERMITTED TO RECOVER THE AMOUNT INVOLVED ABSENT A SHOWING OF LACK OF NEED.

As the United States Supreme Court has pointed out, the protection of children is the paramount goal of the AFDC Public Assistance Program. King v. Smith, 392 U.S. 309, 325 , 88 S. Ct. 2128, 20 L.Ed.2d 1118 (1975). Mindful of this admonition, several courts have ruled that AFDC grants cannot be reduced, absent a showing of lack of need, even though the parent's willful action may have rendered the parent ineligible for benefits. Foster v. Blum, 419 N.Y.S.2d 317 (1979). Thus, in Mandy v. Blum, 413 N.Y.S.2d 737 (S. Ct., App. Div., 2d Dept. 1979) the Court stated:

Even if petitioner willfully withheld information of her husband's employment or residence, her misconduct cannot deprive her minor children of assistance without a showing of a present lack of need and her husband's willingness to contribute to their welfare (see Matter of Farrone v. Toia, 61 A.D.2d 983, 402 N.Y.S.2d 440; Matter of Palermo v. Toia, 56 A.D.2d 889, 392, N.Y.S.2d 673; Matter of Westby v. Berger, 54 A.D.2d 911, 387 N.Y.S.2d 988, Holmes v. Wayman, 40 A.D.2d 50, 337 N.Y.S.2d 470).

Based on the foregoing case law, even if this Court concludes that the trial court properly found that appellant's ex-husband was living with her in the household and that appellant wrongfully withheld this information, it should not permit respondent to recover the judgment against her without first requiring a determination as to whether appellant's family is in need of assistance. If appellant's family is in need and

permitted. To do otherwise would violate the intent of the AFDC law and regulations and penalize those who were intended to benefit from this program of public assistance.

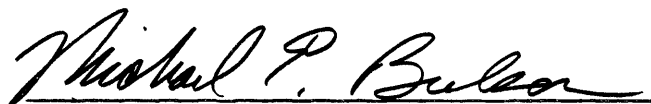
#### CONCLUSION

The appellant was a bona fide recipient of public assistance for her children under the AFDC program during the period of time involved in this action. The respondent did not prove by clear and convincing evidence that appellant did anything which should subject her and her children to a penalty. Unless the lower court's decision is reversed, appellant and her children will be victimized for violating an unconstitutionally vague and defective statute through evidence which is not clear and convincing and at a time when the respondent has suffered no damage because of its failure to discharge its affirmative duties under the AFDC statute and regulations.

DATED this *4th* day of April, 1980.

Respectfully submitted,

UTAH LEGAL SERVICES, INC



MICHAEL E. BULSON  
Attorney for Appellant

NAME OF APPLICANT (head of household)  
Mary Pierre  
 Middle Initial P Last Pierre

SEX  
☐ Male ☒ Female

DATE OF BIRTH  
1 23 50 26  
 Mo Day Yr. Age

SOCIAL SECURITY NUMBER 5 2 9 - 6 8 - 5 0 5 4

MEDICARE CLAIM NUMBER

ARE YOU ATTENDING SCHOOL?  
☐ Full-time ☐ Part-time ☒ Not a student

HAVE YOU HAD ACTIVE MILITARY SERVICE? ☐ Yes ☒ No

From        /        /        to        /        /        Claim #         
 month year month year

NAME OF SPOUSE (if any)  
Mary Pierre  
 Middle Initial P Last Pierre

SEX  
☒ Male ☐ Female

DATE OF BIRTH  
5 12 54 25  
 Mo Day Yr. Age

SOCIAL SECURITY NUMBER

MEDICARE CLAIM NUMBER

RACE  
 W ☒ White I ☐ American Indian O ☐ Oriental  
 N ☐ Negro S ☐ Spanish Surname X ☐ other

ARE YOU ATTENDING SCHOOL?  
☐ Full-time ☐ Part-time ☒ Not a student

HAVE YOU HAD ACTIVE MILITARY SERVICE? ☐ Yes ☒ No

From        /        /        to        /        /        Claim #         
 month year month year

IS EITHER PARENT ABSENT FROM THE HOME? ☒ Yes ☐ No

IF YES: Reason for absence Divorce (separation)

(a) Has legal action been taken for divorce/separation? ☒ Yes ☐ No

(b) How long has (s)he been absent? 10 months

(c) Where does the absent parent live?  
2513 Linden Circle Utah  
 Street City State

(d) Phone number of absent parent:

INSURANCE

Name of Company  
Farm Bureau

Who is Covered?  
Mary Pierre

Date Starts 3-5-76 Date Ends 1-11-76

Auto No-Fault

Health (hospital)  
None

Accident

How Verified

Worker #

Grant ☒ F. S. ☒  
 Medical ☒ none ☐

465 ☐ Yes ☒ No 1.4

WIN Code: me 1.5

284 ☐ Yes ☒ No 1.6

WEAT ☐ Yes ☒ No 1.7

Living Arrangments Verified  
☒ Yes ☐ No 1.8

2.1 How Verified

2.2 Date & Worker #

2.3 Included in:  
☐ Grant ☐ F. S.  
☐ Medical ☐ none

465 ☐ Yes ☐ No 2.4

WIN Code: 2.5

284 ☐ Yes ☐ No 2.6

WEAT ☐ Yes ☐ No 2.7

Living Arrangments Verified  
☐ Yes ☐ No 2.8

3.1

3.2

3.3 Deprivation Code:  
DS

BRSC Requirements Met:  
☒ Yes ☐ No

4.1 How Verified

4.2 Date & Worker #

4.3 Life Insurance:

Face Value: \$ 8711.00

Cash Value: \$ 17.00

Counted as resource:  
☒ Yes

5. Are you currently registered for work at the local State (USES) Employment Office? ☐ Yes ☒ No  
Have you been out of work for 30 days, or more? ☒ Yes ☐ No  
Last day you worked \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Have you filed for unemployment or workmen's compensation? Date: ☐ Yes ☒ No  
Have you refused a job in the last 30 days? (If yes, use last page, item 26 to explain.) ☐ Yes ☒ No  
ARE YOU, or ANYONE in your household, employed FULL or PART TIME? ☐ Yes ☒ No  
If your answer to 9 was YES, list their names here:

EMPLOYMENT HISTORY FOR THE LAST 3 YEARS (List the most recent employer first.)

DATA FOR APPLICANT					DATA FOR SPOUSE OF APPLICANT				
Employer's name	City	State	From	To	Employer's name	City	State	From	To
None									

12. Are there any members in your household who do NOT need assistance? ☐ Yes ☒ No  
If "YES", list their names here: Name Relationship to you  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

13. Have you received any assistance from a Federal or a State welfare agency in the last 4 months? ☒ Yes ☐ No  
If "YES", what state \_\_\_\_\_ and for what month did you last receive assistance \_\_\_\_\_

14. Do you intend to make your home in Utah? ☒ Yes ☐ No

MEDICAL PROBLEMS AND RELATED DATA  
15. Are YOU, or any member of your household, sick, injured or unable to work? ☐ Yes ☒ No  
If "YES", list name and details here: \_\_\_\_\_  
(NOTE: You may be requested to provide medical verification from your doctor.)

16. Is any member of your household pregnant? ☐ Yes ☒ No  
If "YES", give name of person: \_\_\_\_\_ and expected date of birth: \_\_\_\_\_

17. Have you or any members of your household applied for benefits from Social Security, Veterans, Supplemental Security Income (SSI), R. R. Retirement, Unemployment, Workman's Comp., other? ☐ Yes ☒ No  
If "YES", circle which.  
Date applied: \_\_\_\_\_ Where: \_\_\_\_\_ For whom: \_\_\_\_\_

18. Do you owe money for medical care sponsored by the S. J. Quinney Law Library? ☐ Yes ☒ No  
Are you requesting help for these medical expenses? ☐ Yes ☒ No

How Verified	Worker #
11.1	
IF AFDC: Quarters of covered Employment:	Meets Requirement <input type="checkbox"/> Yes <input type="checkbox"/> No
How Verified	
Living as economic unit 12.1	12.2
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.1	13.2
FEB - CASE RECORD	7502/14/75
14.1	
How Verified	
15.1	15.2
Pregnancy Allow. To begin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16.1	16.2
17.1	17.2
18.1	18.2
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

A	B	C	D	E				19.1	19.2	19.3
TYPES OF INCOME	NONE	YOURS	SPOUSE	HOW OFTEN RECEIVED				TOTAL	HOW VERIFIED	DATE & WORKER #
EMPLOYMENT COMPENSATION	✓	\$	\$							
AN'S COMPENSATION	✓	\$	\$							
SECURITY BENEFITS	✓	\$	\$					medicare prem		
MENTARY SECURITY INCOME	✓	\$	\$							
AN'S ADMINISTRATION BENEFITS	✓	\$	\$							
MENT INCOME	✓	\$	\$					incl deductions		
FORCES ALLOTMENT	✓	\$	\$							
ANY	✓	\$	\$							
CHILD SUPPORT	✓	\$	\$							
MONEY FROM PARENTS OR OTHER RELATIVES	✓	\$	\$							
CASH ASSISTANCE	✓	\$	\$							
INCOME FROM MORTGAGE OR SALES CONTRACT	✓	\$	\$							
RENT FROM REAL ESTATE PROPERTY	✓	\$	\$							
INCOME FROM ROOMERS OR BOARDERS	✓	\$	\$							
INTEREST FROM SAVINGS ACCOUNT	✓	\$	\$							
MONEY FROM INDIAN TRIBAL FUNDS	✓	\$	\$							
WIN INCENTIVE & TRAVEL ALLOWANCE	✓	\$	\$							
ANY OTHER INCOME (print source & amounts)	✓	\$	\$							

EMPLOYMENT INCOME		B	C	D	E				TOTAL	HOW VERIFIED	DATE & WORKER #
GROSS PAY: This is the total pay before deductions, and including tips -----		NONE	YOURS	SPOUSE	MO.	SEMI MO.	BI WKLY	WKLY			
		✓	\$	\$							
List the required deductions other than withholding tax if you entered gross pay above.	a.		\$	\$							
	b.		\$	\$							
	c.		\$	\$							
	d.		\$	\$							

be included.		D	E	F	G	20.1	20.2
SHELTER		Amount	How often are expenses paid?	Name of person making payments	# of mo. to be pd. if less than 12	HOW VERIFIED	DATE & WORKER #.
1.	Rent or Mortgage Payment Is this payment Government subsidized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 210.00	Monthly	Mary Pierre			
2.	Utilities (if not included in rent)	\$ None					
a.	Heating & cooking fuel	\$ None					
b.	Electricity	\$ None					
c.	Telephone	\$ 11.00	Monthly	Mary Pierre			
d.	Water	\$ None					
e.	Sewer	\$ None					
3.	Taxes & Assessments - Yearly payment	\$ None					
4.	Other - specify	\$ None					
MEDICAL EXPENSES						Total Shelter Costs: \$	20.3
1.	Doctor & Dental bills	\$ None					
2.	Hospital, Nurse or Attendant Care	\$ None					
3.	Prescription Drugs	\$ None					
4.	Health, Accident or Hospital Insurance	\$ None					
5.	Other - specify	\$ None					
C OTHER EXPENSES:						Total Medical Expenses: \$	20.4
1.	Court ordered child support &/or alimony paid by household member	\$ None					
2.	Care of a child when necessary for household member to work outside the home or be trained for employment	\$ None					
3.	Tuition and/or mandatory fees for education	\$ None					
4.	Unusual expenses such as: a. Loss or damage from fire, flood, etc.	\$ None					
	b. Funeral Expenses	\$ None					

21.

DOES YOUR RESIDENCE HAVE COOKING FACILITIES?

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DOES YOUR HOUSEHOLD HAVE A MEMBER, 60 YEARS OF AGE OR OLDER WHO IS UNABLE TO PREPARE MEALS AND NEEDS TO PURCHASE PREPARED MEALS?

Meals on Wheels

A. NAME OF CHILD <u>Timothy H. Rodriguez</u>		B. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		C. DATE OF BIRTH <u>5.12.71</u> <u>66</u> <u>9</u> Mo. Day Yr. Age	
D. RELATIONSHIP: <u>Son</u>					
E. SOCIAL SECURITY NUMBER: <u>529-13-7789</u>					
F. MEDICARE CLAIM NUMBER:					
G. RACE <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Negro <input checked="" type="checkbox"/> Spanish Surname <input type="checkbox"/> other					
H. IS (S)HE ATTENDING SCHOOL? <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student					
I. IF IN SCHOOL, list name of school & district: <u>Jefferson</u> <u>ODDEH</u>					
J. INCOME OF CHILD		None	Amount	How often received	
1. Social Security		<input checked="" type="checkbox"/>	\$		
2. Supplemental Security Income		<input checked="" type="checkbox"/>	\$		
3. Veteran's Benefits		<input checked="" type="checkbox"/>	\$		
4. Training Allowance		<input checked="" type="checkbox"/>	\$		
5. Child Support		<input checked="" type="checkbox"/>	\$		
6. Other (specify)		<input checked="" type="checkbox"/>	\$		
7. Employment Gross Earnings (before ded.)		<input checked="" type="checkbox"/>	\$		
List deductions & amounts:		a.	\$	How many hours per month is (s)he employed?	
		b.	\$	<input type="checkbox"/> 100 hours or more	
		c.	\$	<input type="checkbox"/> less than 100 hours	

HOW VERIFIED - 23.2 <u>BAPTIST (BORN IN)</u> <u>SSCARD</u>	Date/Yr. # <u>1802</u> <u>07/1/76</u> 23.3	Child Included: 23.4 <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> F. S. <input type="checkbox"/> none
		465 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23.5
		WIN Code: <u>DA</u> 23.6
		Domicile Verified 23.7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Sch. dist. code: <u>37</u> 23.8
		BRCSE requirement met? 23.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Deprivation Code: <u>DV</u> 23.10 284 Registration <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		WEAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23.11

A. NAME OF CHILD <u>Larry D. Rodriguez</u>		B. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		C. DATE OF BIRTH <u>8.12.67</u> <u>8</u> Mo. Day Yr. Age	
D. RELATIONSHIP: <u>Son</u>					
E. SOCIAL SECURITY NUMBER: <u>529-13-9257</u>					
F. MEDICARE CLAIM NUMBER:					
G. RACE <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Negro <input checked="" type="checkbox"/> Spanish Surname <input type="checkbox"/> other					
H. IS (S)HE ATTENDING SCHOOL? <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student					
I. IF IN SCHOOL, list name of school & district: <u>Jefferson</u>					
J. INCOME OF CHILD		None	Amount	How often received	
1. Social Security		<input checked="" type="checkbox"/>	\$		
2. Supplemental Security Income		<input checked="" type="checkbox"/>	\$		
3. Veteran's Benefits		<input checked="" type="checkbox"/>	\$		
4. Training Allowance		<input checked="" type="checkbox"/>	\$		
5. Child Support		<input checked="" type="checkbox"/>	\$		
6. Other (specify)		<input checked="" type="checkbox"/>	\$		
7. Employment Gross Earnings (before ded.)		<input checked="" type="checkbox"/>	\$		
			\$	How many hours per month is (s)he employed?	

HOW VERIFIED - 23.2 <u>UTAH B.C.</u> <u>SSCARD</u>	Date/Yr. # <u>1802</u> <u>07/1/76</u> 23.3	Child Included: 23.4 <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> F. S. <input type="checkbox"/> none
		465 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23.5
		WIN Code: <u>DA</u> 23.6
		Domicile Verified 23.7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Sch. dist. code: <u>37</u> 23.8
		BRCSE requirement met? 23.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Deprivation Code: <u>DV</u> 23.10 284 Registration <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

A. NAME OF CHILD <u>Mia M. Pierron</u>		B. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	C. DATE OF BIRTH <u>10/24/70</u> Mo. Day Yr. Age <u>5</u>
D. RELATIONSHIP: <u>Daughter</u>			
E. SOCIAL SECURITY NUMBER: <u>528-06-5247</u>			
F. MEDICARE CLAIM NUMBER:			
G. RACE <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Negro <input checked="" type="checkbox"/> Spanish Surname <input type="checkbox"/> other			
H. IS (S)HE ATTENDING SCHOOL? <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student			
I. IF IN SCHOOL, list name of school & district: <u>J. Pierson</u> <u>66097</u>			
J. INCOME OF CHILD	None	Amount	How often received
1. Social Security		\$	
2. Supplemental Security Income		\$	
3. Veteran's Benefits		\$	
4. Training Allowance		\$	
5. Child Support		\$	
6. Other (specify)		\$	
7. Employment Gross Earnings (before ded.)		\$	
Last deductions & amounts:		a.	\$
		b.	\$
		c.	\$
		How many hours per month is (s)he employed? <input type="checkbox"/> 100 hours or more <input type="checkbox"/> less than 100 hours	

HOW VERIFIED - 23.2 <u>UTAH B.C.</u> <u>SSCARD</u>	Date/Wkr # 23.3 <u>7503</u> <u>8/14/71</u>	Child Included: 23.4 <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> F. S. <input type="checkbox"/> none 465 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23 WIN Code: <u>UA</u> 23
		Domicile Verified 23 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Sch. dist. code: <u>37</u> 23.4
		BRCE requirement 23.9 met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Deprivation Code: <u>DS</u>
		284 Registration 23.10 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		WEAT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23.11

A. NAME OF CHILD <u>Pierre H. Pierron Jr.</u>		B. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	C. DATE OF BIRTH <u>12/11/73</u> Mo. Day Yr. Age <u>2</u>
D. RELATIONSHIP: <u>Son</u>			
E. SOCIAL SECURITY NUMBER: <u>528-15-9026</u>			
F. MEDICARE CLAIM NUMBER:			
G. RACE <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Negro <input checked="" type="checkbox"/> Spanish Surname <input type="checkbox"/> other			
H. IS (S)HE ATTENDING SCHOOL? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> Not a student			
I. IF IN SCHOOL, list name of school & district:			
J. INCOME OF CHILD	None	Amount	How often received
1. Social Security		\$	
2. Supplemental Security Income		\$	
3. Veteran's Benefits		\$	
4. Training Allowance		\$	
5. Child Support		\$	
6. Other (specify)		\$	
7. Employment Gross Earnings (before ded.)		\$	

HOW VERIFIED - 23.2 <u>UTAH B.C.</u> <u>SSCARD</u>	Date/Wkr # 23.3 <u>7503</u> <u>8/14/71</u>	Child Included: 23.4 <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> F. S. <input type="checkbox"/> none 465 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23 WIN Code: <u>UA</u> 23.6
		Domicile Verified 23 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Sch. dist. code: <u>50</u> 23.8
		BRCE requirement 23.9 met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Deprivation Code: <u>DS</u>

possess. If YOU, or any member of your household DO NOT HAVE the assets listed below, then place a ✓ in the column marked "NONE". In the column marked "AMT. OWED", list the amount you owe on the property, if any. Personal clothing and household furniture should not be listed below. AN ENTRY IS REQUIRED FOR EACH ASSET LINE. NOTE: You will be required to verify any assets listed.

APA USE ONLY

A	B	C	D	E	F	G	H	24.1	24.2	24.3
ASSETS	NONE	YOURS	SPOUSE	OTHER Name	OTHER Name	OTHER Name	AMT. OWED	TOTAL	HOW VERIFIED	DATE & WORKER #
Counts	✓	\$	\$	\$	\$	\$				
Accounts	✓	\$	\$	\$	\$	\$				
Bank	✓	\$	\$	\$	\$	\$				
Shares	✓	\$	\$	\$	\$	\$				
Islands	✓	\$	\$	\$	\$	\$				
Investment Fund	✓	\$	\$	\$	\$	\$				
Bonds	✓	\$	\$	\$	\$	\$				
Real Estate	✓	\$	\$	\$	\$	\$				
Acresage	✓	\$	\$	\$	\$	\$				
Properties in which you do not live	✓	\$	\$	\$	\$	\$				
Automobile No. 1	✓	\$	\$	\$	\$	\$				
Year: 69	✓	\$	\$	\$	\$	\$				
Automobile No. 2	✓	\$	\$	\$	\$	\$				
Year:	✓	\$	\$	\$	\$	\$				
Year:	✓	\$	\$	\$	\$	\$				
Motor or Camper	✓	\$	\$	\$	\$	\$				
Snowmobile	✓	\$	\$	\$	\$	\$				
Motorcycle	✓	\$	\$	\$	\$	\$				
Hand & power	✓	\$	\$	\$	\$	\$				
Business Equipment	✓	\$	\$	\$	\$	\$				
Stock/Poultry	✓	\$	\$	\$	\$	\$				
Other (list asset)	✓	\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
								24.4 TOTAL COUNTABLE RESOURCES \$		

25. WITHIN THE LAST YEAR, HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SOLD OR DONATED A HOUSE, BUILDING, REAL ESTATE OR OTHER PROPERTY TO ANOTHER PERSON(S)?

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☐ Yes ☒ No

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25.1 HOW VERIFIED 25.2 Date & Worker #

27. APPLICANT MUST BE SURE THAT THERE ARE ANSWERS TO ALL QUESTIONS ON FORM 61, AND 61A. DO NOT SIGN THIS FORM NOW, BUT RETURN IT TO THE ASSISTANCE PAYMENTS WORKER FOR FURTHER ACTION.

I certify that I have received information concerning the food stamp program, and understand the State and Federal law provides penalties including a fine or imprisonment, or both for persons found guilty of fraudulent acquisition or use of food coupons or aiding another person to obtain stamps fraudulently. approved for stamps, I agree to inform the district food stamp office promptly (within 10 days) of any changes in any of the information I have given. I also understand that my application will be considered without regard to race, color, religious creed, national origin or political beliefs.

I certify that I have received information and brochures explaining: (1) Family Planning Services, and (2) program for Child Health Screening Services and Treatment.

I understand that by signing this form, if I am approved for medical assistance and have indicated third party liability. I do hereby give authorization to Department of Social Services office to bring action against a third party on my behalf for medical claims paid by the Department.

☒ I understand that it is my continuing obligation to furnish the APA office accurate and timely information not later than 30 days after the change occurs of changes in income, resources, family size, or other circumstances which may affect the amount of grant payment I should receive. I also understand that any willful withholding of information shall cause the APA office to take action to recoup an overpayment resulting from that willful withholding of information.

28. STATE OF UTAH )

County of WEBER )

: SS

The Applicant MARY PIERRE, being first duly sworn on Oath, deposes and says:

That (s)he has read the foregoing document, that (s)he understands the contents of the same, that (s)he has answered the questions contained therein truthfully and that (s)he is in fact the person represented by the signature upon said document, and that any false information provided herein shall and will result in a prosecution for fraud in obtaining Public Assistance as provided in Utah Code annotated 55-15a-24. That (s)he may request a review of the decision made on this application, and that (s)he may request a fair hearing concerning any action of which (s)he is aggrieved.

A. Mary Pierre

SIGNATURE or MARK of the Applicant

B. \_\_\_\_\_

SIGNATURE or MARK of the Spouse

C. Subscribed and Sworn before me, LOYD LAUB, a Notary Public on this 24 day, of APRIL, 19 76.

My commission expires on: 09 MAY 79

Lloyd Laub  
Signature of Notary Public

29. DISPOSITION OF APPLICATION: All verification requirements checked before approval.

APPLIED FOR:

Category

☒ FINANCIAL

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30.

Lloyd Laub  
Certification Worker Signature

\* PLEASE PRINT CLEARLY \*

APA USE ONLY

COLUMNS:				DISTRICT NUMBER:								DATE RECEIVED	
A			B	C	D	465 (for work reg.)	WIN CODE	Dep. of Support	Living Arrang. Verified	WEAT Assign.	FNS-204	Client Eligible	
Print the names of all persons who live in your present household:			Relationship to you	Is he/she attending school? Yes or No	If attending school, list name of school and school district.								
First	Middle Initial	Last											
1. J. (Man)													
2. (Woman)	Mary	Pierren				-	WNE	DS	Y	74	12	Y	
3. Timothy	Rodriguez		Son	Yes	Washington Terrace	-	WA	DS	Y	110	12	Y	
4. Larry	Rodriguez		Son	Yes	"	-	WA	DS	Y	110	12	Y	
5. Mia	Pierren		Daughter	Yes	"	-	WA	DS	Y	110	12	Y	
6. Pierre	Pierren Jr		Son	No		-	WA	DS	Y	110	12	Y	
7.													
8.													
9. Are there any members of your household who do not need assistance? If "YES", list their names here:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Economic Unit					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Since your application or review, has anyone returned to your household or is anyone absent? If "YES", give name and reason:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	#1-#8 and current record consistent with #10					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. ARE YOU, or ANYONE in your household employed Full or Part Time?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Further action needed?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a. If "YES", list their names, where employed, and date they started work:						Is employment a factor of eligibility?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. If "NO", what was the last date you worked? (month) (day) (year)						Is client eligible?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are YOU, or any member of your household, sick, injured, or do you (they) have a current medical need? If "YES", list name and details here:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was income verified? If "NO", why not? Not employed					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Is any member of your household pregnant? If "YES", list name of person: expected date of birth: / /					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Illness/incapacity checked					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Have you or any member of your household applied for benefits from Social Security, Veteran's, Supplemental Security, R.R. Retirement, Unemployment, Workman's Compensation, Other? If "YES", list: Date applied (month) (day) (year) Type of Benefit For whom					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical need verified					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Since your last application or review, have you added or dropped any insurance policies? If "YES", list details: Dropped					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy allowance to begin:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. What are your total monthly expenses (including shelter costs, medical, utility, food, etc.)						630 or alert needed? APA					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						Insurance change?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						630					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. HOUSEHOLD EXPENSES: Give the following information about your household expenses. These expenses are those you actually pay, however, expenses paid by another source should be included.					APA USE ONLY	
	D Amount	E How often are expenses paid?	F Name of person making payments	G # of mo. to be paid if less than 12	HOW VERIFIED	DATE & WORKER
<b>A. SHELTER</b>						
1. Rent or Mortgage Payment Is this payment Government subsidized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 180.00	Monthly	Mary Pion	15th every month	Receipt	4773-10-15-76
2. Utilities (if not included in rent)	\$ None					
a. Heating & cooking fuel	\$ None					
b. Electricity	\$ 11.00	"	Mary Pion	15th		
c. Telephone	\$ 8.00	"	Mary Pion	15th		
d. Water	\$ None					
e. Sewer	\$ None					
3. Taxes & Assessments - Yearly payment	\$ None					
4. Other - specify	\$					
<b>B. MEDICAL EXPENSES</b>					Total Shelter Costs: \$	
1. Doctor & Dental bills	\$ None					
2. Hospital bills, Nursing or Attendant Care	\$ None					
3. Prescription Drugs	\$					
4. Health, Accident or Hospital Insurance	\$ None					
5. Other - specify	\$					
<b>C. OTHER EXPENSES</b>					Total Medical Expenses: \$	
1. Court ordered child support &/or alimony paid by household member	\$ None					
2. Care of a child when necessary for household member to work outside the home or be trained for employment	\$ None					
3. Tuition &/or mandatory fees for education	\$ None					
4. Unusual expenses such as: a. Loss or damage from fire, flood, etc.	\$ None					
b. Funeral Expenses	\$ None					
<b>2. DOES YOUR RESIDENCE HAVE COOKING FACILITIES?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>3. DOES YOUR HOUSEHOLD HAVE A MEMBER, 60 YEARS OF AGE OR OLDER, WHO IS UNABLE TO ADEQUATELY PREPARE ALL HIS/HER MEALS AND NEEDS TO PURCHASE PREPARED MEALS FROM A MEAL DELIVERY SERVICE OR COMMUNAL DINING FACILITY?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Meals on Wheels <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

17. **INCOME:** List all income, money, or benefits received by YOU or ANY OTHER MEMBER of your household. (Income includes, but is not limited to: supplemental security income, social security or railroad retirement benefits; vacation pay; unemployment compensation; strike benefits; cash gifts; awards and prizes; scholarships and educational loans; dividends and interest; earnings from employment and training, including free housing by your employer; foster care payments; annuities and pension; child support and alimony.)  
If none, write "NONE".

APA USE ONLY

Name of Person Receiving Income or Benefit	Source of Income or Benefit	Gross Amount	How Often Received	Total	How Verified
NONE		\$			NA
		\$			
		\$			
		\$			

18. **RESOURCES:** List all resources (assets) YOU or ANY OTHER MEMBER of your household possess. Resources include: cash on hand; money in checking or savings accounts or credit unions; stocks, bonds; real property, buildings, and personal property (such as campers, snowmobiles, boats, cars, trucks, etc.). Personal clothing and household furniture need not be listed.  
If none, write "NONE".

Name of Person Who Owns the Resource	Type of Resource	Value	Amount Still Owed	Total	How Verified
NONE		\$			NA
		\$			
		\$			
		\$			

19. Do you expect any changes in your household circumstances (income, resources, living arrangements, etc.) in the near future? If "YES", explain in detail: \_\_\_\_\_

☐ Yes

☒ No

630

Alert

☐ Yes

☒ No

☐ Yes

☒ No

**NOTICE:** If you are not currently receiving food stamps and wish to apply for possible benefits, please contact your local assistance payments office for information.

20. I certify that I have received the information and brochure explaining family planning services. I also certify that I have been informed about and have received the brochure explaining the program for child health screening services and treatment as necessary for those members of my family under ages 21.

I understand that it is my continuing obligation to furnish the APA office accurate and timely information not later than 30 days after the change occurs, of changes in income, resources, family size, or other circumstances that may affect the amount of grant payment I should receive. I also understand that any willful withholding of information shall cause the APA office to take action to recoup an overpayment resulting from that willful withholding of information.

**BE SURE THAT YOU HAVE CORRECTED ANY CHANGES IN THE PRINTED INFORMATION ON THE FORM 61. REVIEW THE INFORMATION YOU HAVE LISTED ON THIS FORM 61B, BEFORE YOU SIGN BELOW. VERIFICATION STATEMENT:** The information that I have listed on the attached Form 61, and on this form 61B, is true and correct to the best of my knowledge. I will provide proof for any information given by me on the Form 61, or 61B, when requested to do so by a representative of Assistance Payments Administration (APA). I will allow, and I will cooperate in a full investigation of my current eligibility, if my case file is selected for a random, or sample review. I authorize the Assistance Payments Administration to secure my personal data from Utah State Employment Security, and Social Security Offices, and I will notify the Assistance Payments District Office IN WRITING, whenever there are any changes in the information that I am reporting on the attached Form 61, or on this form 61B. IF I HAVE LISTED FALSE INFORMATION, I WILL BE SUBJECT TO PROSECUTION FOR FRAUD.

21. A. CLIENT — Sign Your Name Here.

Date

B. Spouse of the CLIENT — Sign Name Here

Date

Witness's Address & Zip Code:

Mary Plamen

If the applicant CANNOT write, or sign name above, a Mark (X) will be used instead of a signature. One witness is required to verify and witness the applicant's mark; use item B, above.

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22. DISPOSITION:

☒ Approval

☐ Closure, Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

4773 11-25-78 10-15-78

COLUMNS:

A

B

C

D

E

DISTRICT NUMBER

DATE RECEIVED

Print the names of all persons who live in your present household:

Relationship to you

Birthdate

Is he/she attending school? Yes or No

If attending school, list name of school and school district

465 (or work req.)

WIN CODE

Dep. of Support

Relationship and presence of Child:un

WEAT Assign.

FNS - 284

Client Eligible

First Middle Initial Last

(Man)

Woman Mary J Pierron

Self

1-23-50

No

NA

NA

MC

DV

V

NA

NA

GA

Timothy H. Rodriguez

Son

5-27-66

Yes

Washington Terrace Etc.

NA

UA

DV

V

NA

NA

GA

Larson O. Rodriguez

Son

8-12-61

Yes

"

NA

UA

DV

V

NA

NA

GA

Min Pierron

Daughter

10-20-72

Yes

"

NA

UA

DV

V

NA

NA

GA

Diane Pierron

Son

12-11-73

No

NA

UA

DV

V

NA

NA

CA

9. Are there any members of your household who do not need assistance? If "YES", list their names here:

☐ Yes☒ No

Economic Unit

☒ Yes☐ No

10. Since your application or review, has anyone returned to your household or is anyone absent? If "YES", give name and reason:

☐ Yes☒ No

#1-#8 and current record consistent with #10

☒ Yes☐ No

Further action needed?

☐ Yes☒ No

11. ARE YOU, or ANYONE in your household employed Full or Part Time?

☐ Yes☒ No

a. If "YES", list their names, where employed, and date they started work:

Is employment a factor of eligibility?

☒ Yes☐ No

b. If "NO", what was the last date you worked?

(month)

(day)

(year)

Is client eligible?

☒ Yes☐ No

Was income verified?

☒ Yes☐ No

If "NO", why not?

Now reported

12. Are YOU, or any member of your household, sick, injured, or do you (they) have a current medical need?

☐ Yes☒ No

If "YES", list name and details here:

Illness/incapacity checked

☐ Yes☒ No

Medical need verified

☐ Yes☒ No

If "NO", why not?

13. Is any member of your household pregnant?

☐ Yes☒ No

If "YES", list name of person:

expected date of birth

Pregnancy allowance to begin:

☐ Yes☒ No

14. Have you or any member of your household applied for benefits from Social Security, Veteran's, Supplemental Security, R.R. Retirement, Unemployment, Workman's Compensation, Other? If "YES", list:

☐ Yes☒ No

Date applied

(month)

(day)

(year)

Type of Benefit

For whom

630 or alert needed?

☐ Yes☒ No

15. Since your last application or review, have you added or dropped any insurance policies?

☐ Yes☒ No

If "YES", list details:

☐ Yes☒ No

D		E	F	G	HOW VERIFIED	DATE & WORKER #	
Amount		How often are expenses paid?	Name of person making payments	# of mo. to be paid if less than 12			
1. Rent or Mortgage Payment Is this payment Government subsidized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 180.00	Monthly	Mary Pinner		Viewed receipt	6435 5/03/77
2. Utilities (if not included in rent)		\$ None					
a. Heating & cooking fuel		\$ None					
b. Electricity		\$ 21.00	Monthly	Mary Pinner		Not verified	11
c. Telephone		\$ 9.00				Not verified	11
d. Water		\$ None					
e. Sewer		\$ None					
Taxes & Assessments - Yearly payment		\$ None					
4. Other - specify Loan for Bed		\$ 42.00	Monthly	Mary Pinner		NA	11
MEDICAL EXPENSES						Total Shelter Costs: \$ 180.00	
1. Doctor & Dental bills		\$ None				None reported	
2. Hospital bills, Nursing or Attendant Care		\$ None					
3. Prescription Drugs		\$ None					
4. Health, Accident or Hospital Insurance		\$ None					
5. Other - specify		\$ None					
C. OTHER EXPENSES				H Paid to whom:		Total Medical Expenses: \$	
1. Court ordered child support &/or alimony paid by household member		\$ None				None reported	
2. Care of a child when necessary for household member to work outside the home or be trained for employment		\$ None					
3. Tuition &/or mandatory fees for education		\$ None					
4. Unusual expenses such as: a. Loss or damage from fire, flood, etc. b. Funeral Expenses		\$ None					
2. DOES YOUR RESIDENCE HAVE COOKING FACILITIES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3. DOES YOUR HOUSEHOLD HAVE A MEMBER, 60 YEARS OF AGE OR OLDER, WHO IS UNABLE TO ADEQUATELY PREPARE ALL HIS/HER MEALS AND NEEDS TO PURCHASE PREPARED MEALS FROM A MEAL DELIVERY SERVICE OR COMMUNAL DINING FACILITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Meals on Wheels <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

I certify that I have received information concerning the food stamp program, and understand the State and Federal law provides penalties including a fine, imprisonment, or both for persons found guilty of fraudulent acquisition or use of food stamps or aiding another person to obtain stamps fraudulently. If approved for stamps, I agree to inform the district food stamp office promptly (within 10 days) of any changes in any of the information I have given. I also understand that my application will be considered without regard to race, color, religious creed, national origin, or political beliefs.

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SIGNATURE Mary Pinner  
Authorized Representative

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cluding free housing by your employer; foster care payments; annuities and pension; child support and alimony.)

If none, write "NONE".

APA USE ONLY

Name of Person Receiving Income or Benefit	Source of Income or Benefit	Gross Amount	How Often Received	Total	How Verified
None		\$			None reported
		\$			
		\$			
		\$			

**RESOURCES:** List all resources (assets) YOU or ANY OTHER MEMBER of your household possess. Resources include: cash on hand; money in checking or savings accounts or credit unions; stocks, bonds; real property, buildings, and personal property (such as campers, snowmobiles, boats, cars, trucks, etc.). Personal clothing and household furniture need not be listed.

If none, write "NONE".

Name of Person Who Owns the Resource	Type of Resource	Value	Amount Still Owed	Total	How Verified
None		\$			None reported
		\$			
		\$			
		\$			

19. Do you expect any changes in your household circumstances (income, resources, living arrangements, etc.) in the near future? If "YES", explain in detail: \_\_\_\_\_

☐ Yes

☒ No

630

☐ Yes

☒ No

Alert

☐ Yes

☒ No

**NOTICE:** If you are not currently receiving food stamps and wish to apply for possible benefits, please contact your local assistance payments office for information.

20. I certify that I have received the information and brochure explaining family planning services. I also certify that I have been informed about and have received the brochure explaining the program for child health screening services and treatment as necessary for those members of my family under ages 21.

I understand that it is my continuing obligation to furnish the APA office accurate and timely information not later than 10 days after the change occurs, of changes in income, resources, family size, or other circumstances that may affect the amount of grant payment I should receive. I also understand that any willful withholding of information shall cause the APA office to take action to recoup an overpayment resulting from that willful withholding of information.

**BE SURE THAT YOU HAVE CORRECTED ANY CHANGES IN THE PRINTED INFORMATION ON THE FORM 61. REVIEW THE INFORMATION YOU HAVE LISTED ON THIS FORM 61B, BEFORE YOU SIGN BELOW. VERIFICATION STATEMENT:** The information that I have listed on the attached Form 61, and on this form 61B, is true and correct to the best of my knowledge. I will provide proof for any information given by me on the Form 61, or 61B, when requested to do so by a representative of Assistance Payments Administration (APA). I will allow, and I will cooperate in a full investigation of my current eligibility, if my case file is selected for a random, or sample review. I authorize the Assistance Payments Administration to secure my personal data from Utah State Employment Security, and Social Security Offices. I will notify the Assistance Payments District Office IN WRITING, whenever there are any changes in the information that I am reporting on the attached Form 61, or on this form 61B. IF I HAVE LISTED FALSE INFORMATION, I WILL BE SUBJECT TO PROSECUTION FOR FRAUD.

A. CLIENT — Sign Your Name Here.	Date	B. Spouse of the CLIENT — Sign Name Here	Date	Witness's Address & Zip Code:
Mary Pichera	3-7-77			

If the applicant CANNOT write, or sign name above, a Mark (X) will be used instead of a signature. One witness is required to verify and witness the applicant's mark; use item B, above.

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# REFERRAL FOR DUTY OF SUPPORT & PATERNITY ACTION

(Full names, not initials)

Parent's Name Mary J Pierron  
 First Middle Last  
337 Franklin  
 City State Zip Code  
Ogden Utah 84601  
3935026

Case No. 27579685054  
 Co. Number

Case Information  
 AFDC ☒ New ☒  
 AFDCU Reopen  
 Step Fathers Date of first grant  
 Divorce ☒ Amount of first grant  
 Separation Regular grant amount  
 Illegitimacy

Relationship to Children Mother  
 (List only unmarried children of this union who are presently living in this household)  
 (Full names, not initials)

First Middle Birthday  
Anthony H Rodriguez 2 15 2 7 6 1  
 Mo. Day Yr.  
Mary D Rodriguez 2 18 1 2 4 7  
 Mo. Day Yr.

First Middle Birthday  
 Mo. Day Yr.  
 Mo. Day Yr.  
 Mo. Day Yr.  
 Mo. Day Yr.

(Full names, not initials)  
 Parent Larry Daniel Rodriguez  
 First Middle Last  
Unknown  
 City State Zip Code  
Calif  
 City State Zip Code  
Colorado

Description: Race Mexican  
 Color Eyes Brown Color Hair Black  
 Height 5 Ft. 8 In. Weight

Birthdate 1 3 1 7 4 9  
 Mo. Day Yr.  
 Social Security Number

Names, addresses, and approximate dates of employment of all present and past employers of father:

NAME	ADDRESS	DATES WORKED
<u>H A E B</u>	<u>Ogden UT</u>	<u>1969</u>
<u>did play for many bands + travels constantly</u>		

What Trade Unions has he belonged to: (Enter name, local number, city and state) Unknown

Is he receiving Industrial Compensation payment as a result of job connected injuries? ☐ Yes ☐ No Unknown

Amount Unknown

Is he receiving a Military Retirement? ☐ Yes ☒ No If so, give approximate amount: Unknown

Is he disabled or receiving any other funds such as Social Security? ☐ Yes ☒ No Unknown

Yes, give details: Sponsored by the S.J. Quinney Law Library. Funding for digitization provided by the Institute of Museum and Library Services

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UTAH STATE DEPARTMENT OF SOCIAL SERVICES  
BUREAU OF RECOVERIES AND CHILD SUPPORT ENFORCEMENT

ASSIGNMENT OF COLLECTION OF SUPPORT PAYMENTS

For public assistance received or to be received, I, Mary J. Pierson 529-68-505;  
Name Soc. Sec. No.

I hereby assign, transfer and set over to the Department of Social Services, Bureau of Recoveries and Child  
Support Enforcement all monies payable to me and/or my child from Larry Daniel Rodriguez  
(Name of absent parent with duty of support)  
unl as support and alimony during the time I am or we are receiving public assistance.  
Soc. (Sec. No.

The assigned amount shall be the amount past due or to be come due me and/or my child.

I further authorize anyone whosoever, to deliver to the Department of Social Services, Bureau of Recoveries  
and Child Support Enforcement any and all negotiable instruments and/or warrants to be issued under the  
above duty of support. The Bureau of Recoveries and Child Support Enforcement is authorized to endorse  
my name upon and receive any and all funds due.

I agree to send or deliver to the Bureau of Recoveries and Child Support Enforcement any and all support  
and alimony I may receive for the period of time I receive public assistance. I agree that I will not seek to  
collect child support and alimony through any alternative method while this assignment is in force.

I authorize said assignee to do every act it deems necessary to collect the support and/or alimony payments,  
including taking any and all legal action it deems necessary or the compromising of my or our claims with-  
out further notice to me.

Signature Mary Pierson Date April 1, 76  
Address \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this 1 day of Apr  
76.  
Elaine A. Thomas  
Notary Public

My Commission Expires:  
05 Jan '79

Residing at: Gen UT

UTAH STATE DEPARTMENT OF SOCIAL SERVICES  
BUREAU OF RECOVERIES AND CHILD SUPPORT ENFORCEMENT

RE: Larry Daniel Rodriguez  
Name and Soc. Sec. No. of absent parent

AFFIDAVIT

As a condition of eligibility for public assistance, I, Mary J. Pierson  
(Name)  
applicant for or recipient of AFDC assistance will cooperate with the State of Utah by:

1. Assigning to the State of Utah all rights to child support.
2. Identifying and locating the absent parent of a child(ren) with respect to whom aid is claimed.
3. Assisting in establishing the paternity of a child born out of wedlock with respect to whom aid is claimed.
4. Assisting in obtaining support payments for myself and for a child(ren) with respect to whom aid is claimed.
5. Obtaining any other payments or property due myself or such child(ren).

I understand that it is my continuing obligation to furnish the Bureau of Recoveries and Child Support Enforcement office accurate and timely information immediately but not later than 30 days after the change occurs, of changes in RESIDENCE, EMPLOYMENT, INCOME, OR OTHER CIRCUMSTANCES OF THE ABSENT PARENT OF A CHILD-REN, for whom aid is claimed. I also understand that any willful withholding of information shall require the Office of Assistance Payments Administration to redetermine my eligibility for AFDC assistance.

Signature of Mary Pierson Date April 1, 76

Subscribed and sworn to before me, a Notary Public, this 1 day of April  
19 76.  
Elaine A. Sumner  
Notary Public

My Commission Expires:

05 June '79

Residing at:

John UT

AGENCY CERTIFICATION

The above applicant has ☒ or has not ☐ complied with the above regulations.

Signature of Intake Worker

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April 1 '76

## IN THE DISTRICT COURT OF WEBER COUNTY

STATE OF UTAH

-----  
MARY J. RODRIGUEZ,

Plaintiff,

D E C R E E

-vs- -----

Civil No. 49591

LARRY D. RODRIGUEZ,

Dept. No. 3

Defendant.  
-----

This matter having come on regularly for hearing before the above-entitled Court on the 13th day of March, 1970, before the Honorable Calvin Gould, one of the Judges of the above-entitled Court sitting without a jury; and the plaintiff appearing in person and by her counsel Lynn R. Brown; and the defendant neither appearing in person nor by counsel; and the default of the defendant having been duly and regularly entered for his failure to plead or otherwise file an answer to the complaint herein on file; and the service of process having been personally served on the defendant, and the Court having made its findings of fact and entered its conclusions of law, separately stated and in writing:

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the plaintiff have full care, custody and control of the minor children of the parties herein, to-wit: LARRY D. RODRIGUEZ and TIMOTHY HENRY RODRIGUEZ; and the defendant to have reasonable visitation rights.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the plaintiff is entitled to all the household goods and effects in her possession as her own sole and separate property.

IT IS FURTHER ORDERED ADJUDGED AND DECREED that the defendant pay all the outstanding indebtedness of the parties herein incurred during said marriage.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the defendant shall be required to pay through the Clerk of this Court the sum of SIXTY FIVE DOLLARS (\$65.00) per month per child as child support and SEVENTY DOLLARS (\$70.00) per month as alimony.

Dated this 24 day of March, 1970.

JAMES R. HASENYAGER  
 WEBER COUNTY LEGAL AID SERVICES  
 Attorneys for Plaintiff  
 453 24th Street  
 Ogden, Utah 84401  
 Telephone: 394-9431

IN THE DISTRICT COURT OF WEBER COUNTY, STATE OF UTAH

MARY PIERREN,	)	
	)	
Plaintiff,	)	<u>DECREE OF DIVORCE</u>
	)	
-vs-	)	
	)	
	)	Civil No. 63166
PIERRE A. PIERREN,	)	
	)	
Defendant.	)	

The above-entitled matter came on regularly for hearing on the 12th day of April 1976, before the Honorable John F. Wahlquist, a Judge of the above-entitled court sitting without a jury; plaintiff being present and represented by counsel James R. Hasenyager; and defendant not being present but having previously executed a notarized Appearance, Waiver, and Consent form. The plaintiff having been sworn and testified, the Court being fully informed in the premises and having made written Findings of Fact and Conclusions of Law: NOW, THEREFORE,

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the plaintiff is granted a Decree of Divorce from the defendant; same to become final and absolute three months from the date of signing and entry by the Court.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the plaintiff be and she is awarded the care, custody, and control of the parties' two minor children: MIA PIERREN and PIERRE PIERREN.

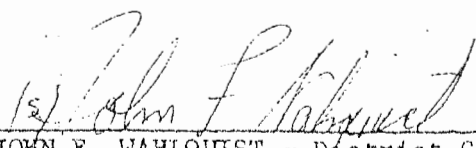
IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the plaintiff be and she is awarded the 1969 Plymouth automobile and the household goods and furnishings acquired during the marriage of the parties.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the plaintiff

is awarded the sum of SIXTY DOLLARS (\$60.00) per month, per child, as  
child support to be paid by the defendant.

DATED this 26<sup>th</sup> day of April 1976.

BY THE COURT:

  
\_\_\_\_\_  
JOHN F. WAHLQUIST - District Court Judge

Final: July 26, 1976