

Financial Disclosure Statement - Part 1

CLEARLY PRINT ALL INFORMATION.

Your First Name	Middle	Last	Driver's License #	Social Security Number	Date of Birth
SPOUSE - First Name	Middle	Last	Driver's License #	Social Security Number	Date of Birth
Address (Not P.O. Box)	Street	City	State	Zip	Own Years
Home Phone	Names and ages of dependent children		Total # of Dependents		
Personal Reference - Full Name and Address				Relationship	Phone Number
Nearest Relative Not Living with you - Full Name and Address				Relationship	Phone Number
Your Employer					Phone Number
Address			City	State	Zip
Job Title	Shift	Gross Monthly Income		Net Income	Hire/Start Date
Address			City	State	Zip
Job Title	Shift	Gross Monthly Income		Net Income	Hire/Start Date
IF YOU ARE CURRENTLY BEING SUPERVISED OR MONITORED BY THE		Agent/Counselor Name:		Telephone #	Client # County

Do you receive income from any of the following sources?

	You	Spouse
Gross Monthly Wages Paid (Circle answer)	Weekly, Bi-weekly, Twice Monthly, Monthly	Weekly, Bi-weekly, Twice Monthly, Monthly
Next Pay Date	_____	_____
# of exemptions taken	_____	_____
Type of employment (Circle answer)	Full time, Part time, Permanent,	Full time, Part time, Permanent,
Economic Assistance	_____	_____
Student Loans/Grants	_____	_____
Retirement/Pension/Disability	_____	_____
Alimony or Maintenance	_____	_____
Child Support	_____	_____
Foster Care Payments Received	_____	_____
Social Security or Supplemental Income (SSI)	_____	_____
Worker's or Unemployment Compensation	_____	_____
Property	_____	_____
Annuity Income/Interest and Stock Dividends	_____	_____
Other	_____	_____
Explain "OTHER" here	_____	_____

I hereby certify under penalty of perjury that the above statements, including attachments, are true and complete to the best of my knowledge and I understand that this information may be provided to the court and may become available to the public. I understand that this information may be

Your signature

Date

FINANCIAL DISCLOSURE STATEMENT - PART

2

(Required for Ability to Pay Determination)

Name _____

Cash & Deposit Bank Accounts and Credit Union Information	CHECKING	Name and Branch Address	Account #	Balance
	SAVINGS		Account #	Balance
	CREDIT UNION	Branch Address	Account #	Balance
Certificate Account (CD) Name and Address			Account #	Balance

Income Tax Refund Amount	Federal	\$	State	\$
Home address	Purchase Date & Purchase Price		Market Value	Mortgage Amt.

MOTOR VEHICLES (Cars, Trucks, Snowmobiles, Boats, Trailers, Campers, Motorcycles, Motor Homes)

Model and Year	License #	Purchase Date & Price	Market Value	Balance Owed

STOCKS, BONDS, LIFE INSURANCE, IRA'S PROFIT SHARING, 401K, RETIREMENT FUNDS, ANNUITIES

Name	# of Shares	Cash in Value

DEBTS AND OBLIGATIONS (Credit Cards, Auto, Personal, Student, Home Mortgage and Home Equity Loans, etc.)

Creditor's Name & Address Telephone	Account Number	For	Due Date	Balance Due	Monthly Payments

OTHER MONTHLY EXPENSES

HOME EXPENSES

Rent/Mortgage _____
 Rentors must provide name, address and telephone number of Landlord/Landlady
 Landlord/Landlady's Name: _____
 Address: _____
 City/State/Zip: _____

Vehicle - Gas/Oil _____
 - Repairs _____
 Other _____

INSURANCES

Auto Insurance _____
 Insurance Medical/Dental _____
 Insurance _____
 Life Insurance _____

Real Estate Tax _____