

Financial Questionnaire



Date:

All information must be given by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in prosecution of the defendant for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000) Please fill in all blanks. If the defendant does not know the information being asked, please complete as appropriate and denote unknown information at the end of the questionnaire.

Offense Level :	Complaint #:
Court :	Cause #:
Motion to Revoke :	SID #:
Appeal :	
Offense Description	

Defendant Personal Information

Name	SSN
Address	DL#
	DL State
City, State, Zip	Phone
Time at this address	Cell
Date of Birth	Weight
(mm/dd/yyyy)	Eye Color
Height Hair Color	Gender
Race	
Marital Status	
Name of Spouse	Spouse Phone

Military Information

Rank	Unit	Co Phone
Supervisor	ETS Date	Length years, months

Hard Stop Information

Food Stamps TANF Public Housing
Medicaid SSI
Length of time receiving assistance Years Months

Dependents

Age	Relationship	Income	Eligible
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Criminal History

Have you ever been arrested before? YES No
Are other charges pending against you in this or any other State? YES No
Details:

Current Employer information

Employer	Phone Number	Supervisor's Name	Street Address	City, State, Zip	Hours Worked	Pay rate	Currently Employed	From Date To Date
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Spouse Employer information

Spouse Employer	Spouse Hours	Spouse Pay Rate	Years Unemployed	Months Unemployed
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Income information

Income Category	Amount	Included in Calculation
Gross - Mcare, FICA, Tax		
Interest Income		
Spouse Modified Gross		

- Dividends**
- Rental Income**
- Pension Payments**
- Unemployment**
- Social Security Benefits**
- Disability**
- Cash Gifts**
- Other (Describe)**

Expense information

Expense Category	Amount	Included in Calculation
Rent or Mortgage Payment		
Car Payment		
Insur(Life,Car,Hlth,Home)		
Child Care		
Utilities(Gas,Water,Elec)		
Phone(Home,Cell)		
Food		
Medical		
TV (Cable or Satellite)		
Loan, Debt, Other		
Clothes		

Assets

Type	Description	Value	Amount Owed	Make	Model	Year	Comments
Bank Account Checking							
Bank Account Checking							
Bank Account Savings							
Bank Account Others							
Stock							
Bond							
Major jewelery							
Equipment							
Watercraft							
Cash							
Home							
Auto							

Have you ever resided in a Mental Health facility? **Yes** **No**

Comments

CONFIRMATION OF INFORMATION GIVEN AND DOCUMENTED

I have provided the answers in the foregoing questionnaire, have personal knowledge of the facts stated therein and swear the information documented is true and correct to the best of my knowledge.

