

PECOS COUNTY JUVENILE PROBATION PARENTAL FINANCIAL STATEMENT

Based on monthly income/expenditures:

NAME: _____ MONTHLY INCOME: \$ _____
 NAME OF SPOUSE: _____ MONTHLY INCOME: \$ _____
 SOURCE OF ADDITIONAL INCOME: _____ AMOUNT OF INCOME: \$ _____

AMOUNT OF CASH ON HAND: _____ CHECKING ACCT. BALANCE: _____ SAVINGS ACCT. BALANCE: _____
 \$ _____ \$ _____ \$ _____

HOME: RENT or OWN (circle one) MONTHLY PAYMENT: \$ _____

ELECTRICITY: \$ _____ GAS / WATER: \$ _____
 PHONE: \$ _____ CABLE: \$ _____
 CLOTHING: \$ _____ GROCERIES: \$ _____
 ENTERTAINMENT: \$ _____ CHILD SUPPORT: \$ _____

PROBATION FEES: INSURANCE:
 PF's: \$ _____ VEHICLE: \$ _____
 C/C: \$ _____ HOME: \$ _____
 FINE: \$ _____ MEDICAL: \$ _____
 REST: \$ _____ OTHER: \$ _____
 ATTY FEES: \$ _____

VEHICLE: VEHICLE:
 YEAR: _____ YEAR: _____
 MAKE: _____ MAKE: _____
 MODEL: _____ MODEL: _____
 LP #: _____ LP #: _____
 PAYMENT: \$ _____ PAYMENT: \$ _____

MEDICAL BILLS: Balance: \$ _____ Payment: \$ _____

NAME OF MEDICAL INSTITUTION: _____

CREDIT CARDS: (list all credit cards)

CARD	BALANCE	MONTHLY PAYMENT
	\$	\$
	\$	\$
	\$	\$
	\$	\$

OTHER EXPENSES: _____

OTHER INCOME: AFDC: \$ _____ FOOD STAMPS: \$ _____
 TANIF: \$ _____ MEDICAID: Yes No (circle one)

List each household member currently living with you. If the person is over 17 and not a student, you must show his/her income. (Use back if needed)

NAME: _____ AGE: _____ INCOME: \$ _____
 _____ \$ _____
 _____ \$ _____

***Total expenditures, per financial statement:

TOTAL \$

\$