

FINANCIAL DECLARATION

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

(Name and Address & Phone #)

For the purpose of arranging the court ordered reimbursement of probation service costs, I make the following financial declarations:

A. INCOME (Family gross - monthly)

B. EXPENSES (Monthly)

Important - If none in category write "NONE"

- 1. Earnings \$ \_\_\_\_\_
- 2. Pension & Retirement \$ \_\_\_\_\_
- 3. Social Security \$ \_\_\_\_\_
- 4. Unemployment \$ \_\_\_\_\_
- 5. Disability \$ \_\_\_\_\_
- 6. Welfare \$ \_\_\_\_\_
- 7. Child/Spousal Support \$ \_\_\_\_\_
- 8. Dividends/Interest \$ \_\_\_\_\_
- 9. Rental Income \$ \_\_\_\_\_
- 10. All other \$ \_\_\_\_\_

- 1. Housing \$ \_\_\_\_\_
- 2. Food/Supplies \$ \_\_\_\_\_
- 3. Utilities \$ \_\_\_\_\_
- 4. Medical/Dental \$ \_\_\_\_\_
- 5. Clothing \$ \_\_\_\_\_
- 6. Child Care \$ \_\_\_\_\_
- 7. Transportation \$ \_\_\_\_\_
- 8. Instl. Pymnts \$ \_\_\_\_\_
- 9. Incidentals \$ \_\_\_\_\_
- 10. All other \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

(Check) \_\_\_\_\_ I have declared all income.

Number in Household \_\_\_\_\_

C. 1. Cash (write "NONE" if none).

Checking Acct. #: \_\_\_\_\_ Where? \_\_\_\_\_ \$ \_\_\_\_\_

Savings Acct. #: \_\_\_\_\_ Where? \_\_\_\_\_ \$ \_\_\_\_\_

All other cash (describe) \_\_\_\_\_ \$ \_\_\_\_\_

2. Real Estate \_\_\_\_\_ Market value \$ \_\_\_\_\_

D. If temporarily unemployed, date expected to return to work \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct and promise to advise the Trinity County Probation Department of my current address, telephone number and place of employment so long as a balance remains due.

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

Signature: \_\_\_\_\_