

MUNICIPAL COURT POVERTY EVALUATION FORM

Defendant's Name _____ Date of Birth _____

Address _____ Social Security # _____

City/State/Zip _____

Marital Status single married divorced (circle one) Number of Dependents _____

Current Telephone # _____ Number of Persons in Household _____

Are you currently employed? Yes or No (circle one) Length of Time Employed _____

Name & Address of Employer _____

(If less than 6 months list previous employer) _____

List Dates of Employment since Date of Conviction _____

Wage per Hour _____ No. of Hours per week (avg.) _____ Salary (If Applicable) _____

Spouse's Employment Status _____

SUPPLEMENTAL INCOME INFORMATION

Workers Comp _____ County Assist _____ SSI/SSID _____ Child Support _____

Any Other Source of Income Not Specifically Requested, List Here _____

ASSETS

Checking Acct _____ Savings Acct _____ Trust Acct _____ Cash _____

Life Insurance _____ Money Owed To You _____

NON-LIQUID ASSETS

House (Value) _____ Automobile (Value) _____ Personal Property _____

EXPENSES/OUTSTANDING DEBTS

Mortgage/Rent _____ Credit Cards _____ Utilities _____ Groceries _____

Outstanding Fines _____ Child Support _____ Medical Bills _____ Insurance _____

Auto Payments _____ Any Other Expenses you Wish to Have Considered _____

Note: You must be able to verify the information requested on this form. Bring documentation necessary to substantiate your financial responses.

THIS FORM MUST BE FILLED OUT PRIOR TO COURT AND PRESENTED TO THE CLERK ON THE DATE OF YOUR SCHEDULED APPEARANCE

Findings: Poverty _____ (date) Not Poverty Level _____ (date)