

LOS ANGELES COUNTY PROBATION

FINANCIAL STATEMENT

DEBTOR (FIRST NAME)				(MIDDLE)	(LAST)	DATE OF BIRTH	
ADDRESS		STREET		CITY	STATE	ZIP	OWN RENT

HOME PHONE	SS #	DRIV. LIC. #
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EMPLOYER	COMPANY NAME	PHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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JOB TITLE	EMP. NO.	GROSS MONTHLY INCOME	NET INCOME
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SPOUSE (FIRST NAME)				(MIDDLE)	(LAST)	DATE OF BIRTH (SPOUSE)	
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HOME PHONE	SS #	DRIV. LIC. #
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EMPLOYER (SPOUSE)	COMPANY NAME	PHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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1) DEBTOR (MONTHLY INCOME)	\$ _____	OTHER INCOME IF YOU RECEIVE AFDC, GR OR SSI, PLEASE, SUBMIT PROFF.	UNEMPLOYMENT DISABILITY SOCIAL SECURITY CHILD SUPPORT OTHER	\$ _____
2) SPOUSE (MONTHLY INCOME)	\$ _____			\$ _____

NAME & AGES OF DEPENDENT CHILDREN	TOTAL NO. OF DEPENDENTS	TOTAL HOUSEHOLD INCOME
		\$ _____

BANK ACCOUNTS AND CREDIT UNION INFORMATION	CKG.	NAME & ADDRESS	ACCOUNT #	BAL.
	SAV.		ACCOUNT #	BAL.
	C.U.	ADDRESS	ACCOUNT #	BAL.

LIVING EXPENSES	OWED TO	MONTHLY AMT.	OTHER EXPENSES	OWED TO	MONTHLY AMT.
RENT / MORTGAGE					
UTILITIES					
TRANSPORTATION					
FOOD					
CHILD CARE					
MED. INS. PREMIUMS					
MED. EXPENSES					

READ CAREFULLY BEFORE SIGNING: I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREON ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PERJURY IS PUNISHABLE BY IMPRISONMENT.

SIGNATURE _____ DATE _____ SIGNATURE (SPOUSE) _____

DO NOT COMPLETE - OFFICE USE ONLY

INCOME VERIFIED BY - STATE TAX FORM PAYCHECK STUB OTHER	RECOMMENDATION :
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MONTHLY PAYMENT \$ _____ REPAYMENT PLAN YES NO

COMMENTS :

FINANCIAL EVALUATOR _____ DATE _____