

Financial Information Diboll Municipal Court

Name: _____ **Citation No.** _____

PLEASE FILL OUT THIS FORM COMPLETELY, SIGN, AND RETURN TO THE MUNICIPAL COURT CLERK.

INCOME:

1. Place of Employment: _____
 - a. How long employed: _____
 - b. Monthly wages : \$ _____
2. Other Sources of Income (including child support, unemployment benefits, veterans' benefits, social security and disability benefits).
 - a. Amount per month: \$ _____
3. Number of persons/dependents in your household _____
4. Do you receive financial assistance, such as food stamps, HUD benefits, or other government benefits? If so, list the benefits and the amount you receive each month:

MONTHLY EXPENSES:

1. Rent/House Pmt. \$ _____
2. Utilities \$ _____
3. Vehicle \$ _____
4. Gasoline \$ _____
5. Car insurance \$ _____
6. Cable or satellite \$ _____
7. Cell phones \$ _____
8. Credit Cards \$ _____
9. Child Support \$ _____
10. Alimony \$ _____
11. Food \$ _____
12. Doctor bills \$ _____
13. Prescription medicine \$ _____
14. Other medical/dental bills \$ _____
15. Clothing \$ _____
16. Other expenses/loans \$ _____

Does anyone help you with the payment of any of these expense? If so, who assists in payment, and for what expense? _____

Date: _____

Signed: _____

Printed Name