

MUNICIPAL COURT INDIGENCY EVALUATION FORM

Defendant's Name:	Date of Birth:
Address:	
Number of Persons Living in the Household:	
Defendant's Employment Status:	Spouse's Employment Status:
Name and Address of Defendant's Employer:	
Length of Time Employed:	
(if less than 6 months list previous employer):	
List Dates of Employment since Date of Conviction:	
Wage per hour (if salaried list salary):	Hours per Week (Average):
SUPPLEMENTAL INCOME INFORMATION	
Workers Compensation/Unemployment	SSI(D):
Any other source of income, list here (additional job, alimony, child support)	
ASSETS	
Checking Acct	Savings Acct
Trust Accts	Life Insurance
Cash	Money Owed to you
NON-LIQUID ASSETS	
House (Value)	Automobile(Value)
Personal Property (to include recreational vehicles, motorcycles)	Additional Home(s), Real Estate, automobiles
EXPENSES (Monthly)	
Mortgage/Rent	Credit Cards
Utilities	Groceries
Day Care	Child Support
Medical Bills	Insurance
Auto Payments	Other Loans
Outstanding Fines	Other Expenses you wish considered

NOTE: You must be able to verify the information requested on this form. Documentation will be necessary to substantiate your financial responsibilities.

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