

# 65-A DISTRICT COURT

## AFFIDAVIT OF FINANCIAL STATEMENT

**CASE # \_\_\_\_\_**

Thoroughly and legibly complete this Affidavit of Financial Statement. **Do not leave any blanks.** If an item doesn't pertain to you, fill in "N/A for not applicable. (ver 9.9.2016)

**WARNING:** It is a felony to intentionally submit false information to a Court.  
The maximum penalty is 15 years in prison. MCL 750.423

Name: (First, Middle, Last)		Maiden name:	
Social Security No.:	Student:	College/Univ/School:	
Date of Birth:	Age:	Part-time Full-time	
Current Address:		How long?	
Previous Address:		How long?	
Permanent Mailing Address: <b>(If student, list parent's name and phone number to the right)</b>			
Home Phone:	Cell Phone:	Work Phone:	Message Phone:
Drivers License #	State:	Expiration Date:	Marital Status: Single Married Divorced Widow(er) Separated
Number of Dependents:			
Spouse: Children(ages):		Other (Relationship):	
Employer ( <b>Name and address</b> ):		Supervisor's Name:	Phone #:
How Long Employed:	Your Title:	Hours Per Week:	Hourly Rate: \$
Pay Schedule: Weekly Bi-Weekly Other		Date of next check:	
Payroll Deductions:	Health Ins. Other	Savings	Garnishments Life Ins Child Support
If Unemployed, Your trade:		How long have you been unemployed:	
<b>SPOUSE</b>			
Name: (First, Middle, Last)		Maiden Name:	
Employer: (Name and Address)		Supervisor's Name:	Phone #:
How Long Employed:	Job Title:	Hours per week:	Hourly Rate: \$
Pay Schedule: Weekly Bi-Weekly Other		Date of next check:	
Social Security No.:			

<b>MONTHLY INCOME RECEIVED</b>		<b>MONTHLY EXPENSES PAID</b>	
Net Take Home Pay (Self)	\$ _____	Mortgage/Rent	\$ _____
Net Take Home Pay (Spouse)	_____	Utilities:	
Unemployment	_____	Electric	_____
Worker's Compensation	_____	Gas	_____
Welfare	_____	Phone	_____
Social Security	_____	Water	_____
Retirement/Pension	_____	Vehicle Loan	_____
Child Support	_____	Vehicle Insurance	_____
Alimony/Maintenance	_____	Life/Health Insurance	_____
Disability	_____	Credit cards	_____
Veteran's Benefits	_____	Loans (Personal, student, Bank)	_____
Parents	_____	Medical	_____
Accident Benefits	_____	Child Care	_____
Allotment Checks	_____	Child Support	_____
Interest Income	_____	Other: _____	_____
Dividends	_____	_____	_____
Other: _____	_____		
_____	_____		
<b>TOTAL MONTHLY HOUSEHOLD INCOME</b>		<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	
	\$ _____		\$ _____

**ASSETS**

Vehicle #1 (Make and Model): \_\_\_\_\_

Year: \_\_\_\_\_ Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Present Value \$ \_\_\_\_\_

Vehicle #2 (Make and Model): \_\_\_\_\_

Year: \_\_\_\_\_ Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Present Value \$ \_\_\_\_\_

Bank Accounts: (Name, Address and Phone No. of Institution)

\_\_\_\_\_  
\_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Investment Accounts (Name of IRA, stocks, bonds, profit sharing, pension program):

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Personal assets, such as real estate, boats, motorcycles, snowmobiles, jewelry, etc. (describe)

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Full name, address, and phone number of nearest relative or contact not living with you:

---

**Terms of Agreement:** Initial the following statements indicating that you understand and agree to the terms of a payment arrangement.

\_\_\_\_\_ If the Court finds you are able to comply with an order for payment of fine and costs without manifest hardship and you have not made a good faith effort to comply with the order you may be sentenced to incarceration. MCR 6.425(E)(3)(a).

\_\_\_\_\_ I authorize the 65A District Court to make any necessary contacts to verify any statements made and information provided, and to obtain any additional information required. I give permission to contact any credit reporting agency, review my credit report from any credit agency, investigative agency, or any other source including my employer.

\_\_\_\_\_ I understand that payments must be *received* by the Court by the dates written on the payment plan. The Court is not required to contact you prior to a warrant being issued. A warrant may be served at your home or place of employment.

\_\_\_\_\_ If the payment is a day late or a dollar short, the Court may accept or refuse the payment and initiate a warrant being issued, or initiate a showcause hearing where incarceration may be ordered.

\_\_\_\_\_ Payment of my fine and cost is a penalty (not a bill) and must be prioritized and paid on time. It is my responsibility to contact the Judicial Enforcement Officer if a situation arises that may compromise my payment such as loss or change of employment, reduction in work hours, lay off, incarceration and /or illness before missing a payment. Failure to notify the Judicial Enforcement Officer of such changes and failure to make a payment owed could result in me being incarcerated. A judgment in the amount of the fine and costs has been entered against me and is reportable and collectable as any judgment in a court of law.

\_\_\_\_\_ If a Judicial Enforcement Officer has contact with me, the contact will be terminated if I yell, argue, or become disruptive or abusive at any time during the contact. The Judicial Enforcement Officer will then make the decision on how to proceed with my case after the contact has ended.

\_\_\_\_\_ I understand that I must notify the Court of any change of contact information/address no later than 4:00 p.m. the day any change is made.

\_\_\_\_\_ I understand that failure to follow any part of this agreement subjects me to the contempt powers of the Court and may result in incarceration.

\_\_\_\_\_  
Defendant's signature – *if minor, signature of legal parent or guardian*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Officer

\_\_\_\_\_  
Date

**NON-PUBLIC RECORD (ver 9.9.2016)**

**65-A DISTRICT COURT, 100 E. STATE ST., STE 3400, ST. JOHNS, MI 48879**

**JUDICIAL ENFORCEMENT OFFICER (989) 224-5257**

I swear (affirm) under penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information needed by the Court.

Dated: \_\_\_\_\_

Defendant's Signature \_\_\_\_\_