

Court Address:
100 E State St, Ste 1500
St Johns, MI 48879

Defendant's Name: _____

1. How many in your family/household? _____

2. Do you receive any type of public assistance? _____

3. Monthly Income (How much money do I make?) _____

Include Social Security/SSI/Disability/VA Benefits

Unemployment Benefits, Side Jobs and

Child Support/Alimony received

Monthly Income of Spouse/Partner

4. Monthly Expenses (How much money do I spend?) _____

Mortgage/Rent _____

Utilities: Heat, Electric, Gas, Water, Trash _____

Vehicle Payment/Bus/Public Transportation _____

Insurance – Vehicle _____

Insurance – Health _____

Loan Payments _____

Child Support/Alimony (paid out) _____

Medical Payments/Prescriptions/Medical Bills _____

Groceries _____

Court Payments _____

Phone (Home and/or Cell) _____

Cable/Satellite/Internet _____

Child Care _____

Other _____

5. Assets/Property _____

Checking Account Balance _____

Savings Account Balance _____

Value of Home _____

Value of Car/Truck/SUV _____

Value of Other Property (boat/motorcycle/
snowmobile/camping) _____

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

Date

Signature

Print Name

For Administrative Use Only

Review Date: _____

Approved - Indigent _____

Approved – Partially Indigent _____

Denied/Not Indigent _____

Administrator Signature: _____

Reasons: _____