

Name _____

Dkt. No. _____

Date _____

FINANCIAL RESOURCES ASSESSMENT FORM

ASSETS

<u>Item</u>	<u>Fair Market Value</u>
Cash on Hand	_____
Checking Account(s)	_____
Savings Account(s)	_____
Securities (stocks, bonds, mutual funds)	_____
Other Investments (limited partnerships 2 nd trust deeds)	_____
Debts or Loans owed you	_____
Cash or Other Assets held for you by others	_____
Life Insurance Cash Value	_____
IRA/Keough Plan	_____
Residence	_____
Other Real Estate	_____
Auto #1	_____
Auto #2	_____
Other Vehicles (boat plane, motorcycle)	_____
Other Assets (itemize)	_____
_____	_____
_____	_____
Total Assets	\$ _____

INCOME

<u>Item</u>	<u>Monthly Income</u>
Your Wage/Salary (net)	_____
Spouse's Wage/Salary (net)	_____
Child/Spousal Support	_____
Interest/Dividends	_____
Rent/Royalties	_____
Other Income (itemize)	_____
_____	_____
Total Income	\$ _____
NET WORTH	\$ _____

LIABILITIES

<u>Item</u>	<u>Balance</u>
Mortgage on Residence	_____
Other Mortgage(s)	_____
Loan(s) Outstanding (personal, auto, etc.)	_____
Credit Account(s)	_____
Charge Card(s)	_____
Past Due Debts	_____
Medical/Dental	_____
Attorney Fees	_____
Child/Spousal Support	_____
Total Liabilities	\$ _____
Please attach verification	

EXPENDITURES

<u>Item</u>	<u>Monthly</u>
Rent/Mortgage	_____
Other Mortgage(s)	_____
Property Taxes	_____
Insurance (life, auto, home, health)	_____
Loan Payments	_____
Credit Account(s)	_____
Charge Card(s)	_____
Medical/Dental	_____
Attorney's Fees	_____
Child/Spousal Support	_____
Food	_____
Transportation	_____
Utilities	_____
Clothing	_____
Total Expenditures	\$ _____
Please attach verification	

Do you have insurance? _____
Name of Carrier/Policy Number _____
Are you covered by another's insurance? _____
Name of Carrier/Policy Number _____
Do you receive public assistance? (AFDC, SSI, Disability) If yes, _____
Please list agency & caseworker: _____
Phone number: _____

Defendant's signature _____

Date: _____

Based on the above information, I recommend that the defendant pay \$ _____.

Officer Signature _____

Approved by: _____