

<b>MONTHLY CASH FLOW STATEMENT</b>		
<b>Monthly Cash Inflows</b>		
<b>Defendant</b>	<b>Gross</b>	<b>Net</b>
<b>Your Salary/Wages</b> (List both monthly gross earnings and take-home pay after payroll deductions.)		
<b>Your Cash Advances</b> (List all payroll advances or other advances from work.)		
<b>Your Cash Bonuses</b> (List all payments from work in addition to your salary that are not an advance.)		
<b>Commissions</b> (List all non-employee earnings as an independent contractor.)		
<b>Business Income</b> (List both monthly gross income and net income after deducting expenses.)		
<b>Interest</b> (List all interest earned each month.)		
<b>Dividends</b> (List all dividends earned each month.)		
<b>Rental Income</b> (List all monthly income received from real estate properties owned.)		
<b>Trust Income</b> (List all trust income earned each month.)		
<b>Alimony/Child Support</b> (List all alimony or child support payments received each month.)		
<b>Social Security</b> (List all payments received from Social Security.)		
<b>Other Government Benefits</b> (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
<b>Pensions/Annuities</b> (List all funds received from pensions and annuities each month.)		
<b>Allowances-Housing/Auto/Travel</b> (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
<b>Gratuities/Tips</b> (List all gratuities and tips received each month from any and all sources.)		
<b>Spouse/Significant Other Salary/Wages</b> (List all gross and net monthly salary and wages received by your spouse or significant other.)		
<b>Other Joint Spousal Income</b> (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
<b>Income of Other In-House</b> (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
<b>Gifts from Family</b> (List all amounts received as gifts from family members each month.)		
<b>Gifts from Others</b> (List all gifts received from any sources not yet reported.)		
<b>Loans from Your Business</b> (List all loan amounts received each month from all businesses owned or controlled by you.)		
<b>Mortgage Loans</b> (List all amounts received each month from mortgage loans owed to you.)		
<b>Other Loans</b> (List all other loan amounts received each month not yet reported.)		
<b>Other</b> (specify) (List all other amounts received each month not yet reported.)		
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>

Last Name -	
<b>Necessary Monthly Cash Outflows</b>	
	<b>Amount</b>
<b>Rent or Mortgage</b> (List monthly rental payment or mortgage payment.)	
<b>Groceries</b> (List the total monthly amount paid for groceries and number of people in your household.) #	
<b>Utilities</b> (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
<b>Electric</b>	
<b>Heating Oil/Gas</b>	
<b>Water/Sewer</b>	
<b>Telephone</b>	
<b>Basic Cable</b> (no premium channels)	
<b>Transportation</b> (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
<b>Insurance</b> (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
<b>Auto</b>	
<b>Health</b>	
<b>Homeowner/Rental</b>	
<b>Life</b>	
<b>Clothing</b> (List the monthly amount actually paid for clothing.)	
<b>Loan Payments</b> (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
<b>Credit Card Payments</b> (List all monthly credit card or charge card payments.)	
<b>Medical</b> (List all monthly payments for necessary medical care or treatment.)	
<b>Alimony/Child Support</b> (List all alimony or child support payments made each month.)	
<b>Co-payments</b> (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
<b>Other</b> (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
<b>Other Factors That May Affect Monthly Cash Flow</b> (Describe)	
<b>TOTAL</b>	<b>\$0.00</b>
<b>NET MONTHLY CASH FLOW: \$ 0.00 (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)</b>	
<b>MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$</b>	
<b>PROSPECT OF INCREASE IN CASH INFLOWS</b> (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature \_\_\_\_\_

Date \_\_\_\_\_