

**SPOKANE COUNTY SUPERIOR COURT  
OFFICE OF CLERK OF COURT  
Financial Declaration**

**THE CLERK OF COURT HAS THE ABILITY TO VERIFY ALL INFORMATION PROVIDED.**

It is a crime punishable by fine and/or imprisonment to intimidate a public servant (RCW 9A.76.180)

Defendant: \_\_\_\_\_

Cause No. \_\_\_\_\_

Household Members/Contributors:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY INCOME**

	Defendant	Household Members / Contributors
Take Home Pay		
Retirement		
Social Security		
VA benefits.		
Food stamps		
TANF/GAX etc.		
Child Support		
Per Capita Pymts		
From charities		
Odd Jobs		
Recycling		
Plasma		
Other		
<b>Total Income</b>		

**MONTHLY EXPENSES**

	Amount
Food (not covered by food stamps)	
Housing Expenses	
Insurance – House	
Auto	
Health	
Transportation - Bus	
Gasoline	
Utilities – Gas	
Electricity	
Water	
Sewer & Refuse	
Phone- landline	
Cell Phone	
Cable	
Internet Access	
Cigarettes / Tobacco	
Liquor	
Prescription Drugs	
Child Care (if employed)	
Child Support	
Clothing	
Other	
<b>Total Expenses</b>	

**Legal Financial Obligations**

Cause #	Balance	Payment/M	Cause #	Balance	Payment/M

**List All Monthly Installments You Are Paying\***

Name/Address of Finance Co./Bank/Creditor	Purpose of Loan or Purchase	Date Incurred	Balance	Monthly Payment

**Personal & Real Property**

	Description/Address	Value	Name/Address of Finance Co./Bank/Creditor
Auto – Yr.	Make		
Auto – Yr.	Make		
Boats, Trailers, etc.			
Bank Acct.			
Stocks, Bonds, etc.			
Real Estate Owned			
Other			

**Miscellaneous Information**

	Defendant	Spouse	
Date of Birth			
E-mail Address			
Education/Employer			
Employer’s Address			
Employer’s Phone			
Physical Limitation			
Past Job Experience			
Dependent’s Initials	Age	Relationship	Employer

YOU MUST BRING WITH YOU TO THE HEARING PROOF OF ALL SOURCES OF INCOME (SUCH AS TAX RETURNS, PAYSTUBS, SOCIAL SECURITY OR OTHER BENEFIT AWARD LETTERS, ETC.) TO VERIFY YOUR INCOME AND RESOURCES **AND** COPIES OF YOUR MONTHLY BILLS TO VERIFY ALL EXPENSES IN YOUR FINANCIAL DECLARATION.

I understand that I must respond truthfully, honestly and completely to all questions or requests concerning earning capabilities past, present and future, and the location and nature of all property or financial assets.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (City and State)

Offender’s Signature: \_\_\_\_\_