

**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 | | |
| Total Income | | |

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 | |
| | |
| | |
| Total Expenses | |

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: _____