

TO BE SEALED



State of Rhode Island Judiciary
District Court
Financial Statement – Criminal Cases

State of Rhode Island v. Defendant
Case Number
Court Location

Name: Marital Status: [] M [] S [] D [] W
Address: Number of Dependents and Ages:
City and State:
Telephone:
Social Security Number: Date of Birth:

Employed: [] Y [] N [] Full-time [] Part-time How Long:
Employer(s):
Address: City and State:

Indicate if you qualify and/or receive any of the following benefits or services: [] Temporary assistance to needy families [] Social security including supplemental security income and state supplemental payments program [] Public assistance [] Disability insurance [] Food stamps [] Represented by public defender or court appointed counsel

Indicate if you make payments in the amount of \$100 or more (either individually or collectively) on any of the following: [] Restitution [] Child support payments [] Payments for any counseling required as a condition of the sentence imposed including, but not limited to, substance abuse, mental health, and domestic violence

IF YOU HAVE CHECKED ANY OF THE BOXES IN THE TWO ROWS ABOVE, THE FORM IS COMPLETE UNLESS YOU OWE RESTITUTION. IF YOU OWE RESTITUTION, YOU MUST COMPLETE THE FINANCIAL INFORMATION BELOW. OTHERWISE, PLEASE SKIP THE FINANCIAL INFORMATION BELOW AND SIGN AND DATE THE FORM.

Table with 4 columns: Monthly Income, Monthly Expenses, Total Income, Total Expenses. Rows include Gross Monthly Income (Self/Spouse), Unemployment Benefits, Social Security, Retirement/Pension Benefits, Child Support, Alimony, Disability, Veteran's Benefits, Interest/Dividends, Other, and Checking/Savings Balance.

I hereby certify under penalty of perjury that the information provided is truthful, complete, and accurate to the best of my knowledge.

Signature of the Defendant/Parent/Guardian Date