



To be Sealed

Rhode Island Traffic Tribunal

Financial Statement

State of Rhode Island v. Defendant	Case Number Court Location
Name:	Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
Address:	Number of Dependents and Ages:
City and State:	
Telephone:	
Social Security Number:	
Employed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date of Birth:
How Long:	
Employer(s):	
Address:	City and State:
Indicate if you qualify and/or receive any of the following benefits or services: <input type="checkbox"/> Temporary assistance to needy families <input type="checkbox"/> Social security including supplemental security income and state supplemental payments program <input type="checkbox"/> Public assistance <input type="checkbox"/> Disability insurance <input type="checkbox"/> Food stamps <input type="checkbox"/> Represented by public defender or court appointed attorney	
Indicate if you make payments in the amount of \$100 or more (either individually or collectively) on any of the following: <input type="checkbox"/> Restitution <input type="checkbox"/> Child support payments <input type="checkbox"/> 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 (2) rows above, the form is complete. Please skip the financial information below and sign and date the form.	
Monthly Income	Monthly Expenses
Gross Monthly Income (Self) \$	Mortgage or Rent \$
Gross Monthly Income (Spouse) \$	Utilities \$
Unemployment Benefits \$	Vehicle Payments \$
Social Security \$	Insurance (Vehicle/Health/Life) \$
Retirement/Pension Benefits \$	Other Loan Payments \$
Child Support \$	Child Support/Alimony \$
Alimony \$	Medical Payments \$
Disability \$	Food \$
Veteran's Benefits \$	Other: \$
Interest/Dividends \$	Other: \$
Other: \$	Other: \$
Total Income \$	Total Expenses: \$
Checking Balance:	Real Property:
Savings Balance:	Other (IRA, CD, Trusts, Stocks, Bonds):

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
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