

TO BE SEALED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DISTRICT COURT

FINANCIAL STATEMENT

State of Rhode Island v. Defendant	Case Number
	Court Location

Name:	Age:	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	How Long:
Employer(s):	
Address:	City and State:

Monthly Income		Monthly Expenses	
Gross Monthly Income (Self)	\$		\$
Gross Monthly Income (Spouse)	\$	Mortgage or Rent	\$
Unemployment Benefits	\$	Utilities	\$
Social Security	\$	Vehicle Payments	\$
Retirement/Pension Benefits	\$	Insurance (Vehicle/Health/Life)	\$
Child Support	\$	Other Loan Payments	\$
Alimony	\$	Child Support/Alimony	\$
Disability	\$	Medical Payments	\$
Veteran's Benefits	\$	Food	\$
Interest/Dividends	\$	Other:	\$
Other:	\$	Other:	\$
Total Income	\$	Total Expenses:	\$

Checking Balance:	Real Property:
Savings Balance:	Other (IRA, CD, Trusts, Stocks, Bonds):

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

Signature of the Defendant/Parent/Guardian