

TO BE SEALED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

SUPERIOR COURT

FINANCIAL STATEMENT

<b>State of Rhode Island</b> v. <b>Defendant</b>	<b>Case Number</b>
	<b>Court Location</b>

<b>Name:</b>	<b>Age:</b>	<b>Marital Status:</b> <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
<b>Address:</b>	<b>Number of Dependents and Ages:</b>	
<b>City and State:</b>		
<b>Telephone:</b>		
<b>Social Security Number:</b>		

<b>Employed:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>How Long:</b>
<b>Employer(s):</b>	
<b>Address:</b>	<b>City and State:</b>

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:	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses:</b>	<b>\$</b>

<b>Checking Balance:</b>	<b>Real Property:</b>
<b>Savings Balance:</b>	<b>Other (IRA, CD, Trusts, Stocks, Bonds):</b>

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

\_\_\_\_\_  
Signature of the Defendant/Parent/Guardian