



STATE OF RHODE ISLAND

SUPERIOR 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:

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

Indicate if you make payments in the amount of \$100 or more (either individually or collectively) per month 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

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:	\$

TO BE SEALED



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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.

<hr/> Signature of the Defendant/Parent/Guardian	Date
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