

Orange County - County Traffic Court Financial Statement

You are required to complete this form legibly and completely. **DO NOT LEAVE ANY BLANKS.** Failure to complete this form will result in the balances being payable and due immediately. **WARNING: YOU MAY BE SUBJECT TO PROSECUTION FOR SUBMITTING FALSE INFORMATION IN THIS STATEMENT.**

Name: (Last, First, Middle)			Date of Birth		
Social Security No.		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Address: <input type="checkbox"/> House <input type="checkbox"/> Apt./Bldg. # _____ <input type="checkbox"/> Mobile Home Lot # _____ <input type="checkbox"/> Other					How Long ?
City		State		Zip Code	
Mailing Address (If student, list parent's name and address)					
Home Phone #: () -		Is this phone at the place where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No		Daytime Phone #: () -	
Driver's License or ID #:			State:	Expiration Date:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separate <input type="checkbox"/> Widow <input type="checkbox"/> Widower			No. Of Dependents: <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Children (ages): _____		
Employer: (Name and Address)					
Supervisor's Name:					Length of Employment:
Your Title:		Hours per week:	Hourly rate:	Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other _____	
Date of Next Check:	Payroll Deductions: <input type="checkbox"/> Child support <input type="checkbox"/> Health Ins. <input type="checkbox"/> Savings <input type="checkbox"/> Life Ins. <input type="checkbox"/> Garnishments <input type="checkbox"/> Other _____				
If Unemployed: Your Trade: _____		Are you seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been unemployed? _____ Wks.	
Student: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time			School/University/College		

ASSETS

Vehicle #1 (Make & Model)		Year	Plate No.:	State:	Expiration Date	Present Value
Vehicle #2 (Make & Model)		Year	Plate No.:	State:	Expiration Date	Present Value
Financial Accounts: (Name and address of Institution)				Type:		Current Balance
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Financial Accounts: (Name and address of Institution)				Type:		Current Balance
Investment Accounts: (Name and Address of Institution)						Present Value

MONTHLY INCOME RECEIVED		MONTHLY EXPENSES PAID	
Net Take-Home Pay (Self)	\$ _____	Mortgage/Rent (Your part)	\$ _____
Net Take-Home Pay (Spouse)	_____	Utilities (Your Portion)	_____
Unemployment	_____	Electric	_____
Worker's Compensation	_____	Phone	_____
Welfare _____ (Type)	_____	Water	_____
Social Security	_____	Cable TV	_____
Retirement/Pension	_____	Gas Appliances	_____
Child Support	_____	Food	_____
Alimony/Maintenance	_____	Vehicle Loan(s)	_____
Disability	_____	Vehicle Insurance	_____
Veteran's Benefits	_____	Life/Health Insurance	_____
Parents	_____	Loans (Personal, Student, Bank)	_____
Accidents Benefits	_____	Storage Facility	_____
Interest/Dividends	_____	Medical/Hospital/Dental	_____
		Child Care/Support	_____
		Probation	_____
		Counseling	_____
Other _____		Other _____	_____
Other _____		Other _____	_____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

I Swear, under penalty of perjury that all statements and information contained herein are true and complete. I authorize the Clerk of the Court to verify any information herein with any credit bureau or investigative agency or any other source. I understand that I will be assessed a standard program fee per case in addition to my court fines and costs. I agree to abide by the terms set forth in a deferred payment agreement. In the event I do not comply with the terms and payments are not paid by the due date, I understand that the Court will demand the balance due and payable immediately. I also understand that my failure to comply will result in the suspension of my driving privileges, additional costs assessed, and nonrenewal of my vehicle registration.

Name

Date

If a Minor, signature of legal parent or guardian

Parent/Guardian Name

Date

Financial Counselor

Date