

JUDICIAL FINANCIAL WORKSHEET

Case number(s): _____

Amount Paying Today \$ _____

A \$25 Time Payment fee shall be assessed per Statute if Court costs are not paid day of Sentencing

Defendant Information

First Name _____ MI _____

Last Name _____

Date of Birth ____/____/____

SSN _____ - _____ - _____

DL # _____ State: _____

Married Never Married Common-Law Married
 Divorced Separated Widowed

Number of Adults in Household _____

Number of Children Living with You _____

Number of Children Supported _____

Demographic Information

Mailing Address _____

City _____ State _____ Zip _____ Own Rent

Check if Physical address is same as Mailing address OR

Street Address, Apt/Unit # _____

Phone #s _____

(H) (C) (W) (Other) (____) _____ - _____

(H) (C) (W) (Other) (____) _____ - _____

Email _____

Your Financial Information

Unemployed

Employer _____

Work Phone #(____) _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Hours/Week _____ Seasonal? Yes No

Rate \$ _____ per hr wk bi/wk mo

Checking Acct No. _____

Bank Name _____ Balance \$ _____

Savings Acct No. _____

Bank Name _____ Balance \$ _____

Do You Have: a Credit Card? Y N a Debit Card? Y N

Vehicle Year/Make/Model _____

Vehicle Year/Make/Model _____

MONTHLY Household Income (before taxes)

YOUR "Gross" Earnings \$ _____

Spouse/Other Household Members \$ _____

Retirement/Pension \$ _____

Unemployment \$ _____

SSN/Disability \$ _____

Alimony \$ _____

Child Support \$ _____

Housing Assistance \$ _____

Welfare/AFDC/TANF \$ _____

Food Stamps \$ _____

Other _____ \$ _____

Total Income \$ _____

MONTHLY Household Expenses

Rent/Housing \$ _____

Food \$ _____

Electric/Water/Utilities \$ _____

Telephone/Internet \$ _____

Alimony/Child Support \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Treatment Costs (UA's, BA's, Classes, Testing, etc) \$ _____

Fed/State/Local Taxes \$ _____

Other _____ \$ _____

Total Expenses \$ _____

I understand that I have been court-ordered to pay assessed fines, fees, restitution, and court costs, and they are due immediately per C.R.S. §16-11-101.6 and C.R.S. §16-18.5-104. I am applying to have a payment plan because I am unable to pay the full amount owed at this time. I consent to an investigation into all the information provided on this application. I understand that my request for a payment plan may or may not be granted.

If I cannot make a payment, it is my responsibility to contact the Collections Investigator to explain the circumstances and seek other arrangements if possible. I understand I must promptly report any change in address, phone, job status, income, assets, or other financial circumstances.

Per C.R.S. §16-18.5-104, it is against the law for you to enter into ANY new financial obligation prior to consultation with the Collections Investigator while court costs, fees, and restitution remain outstanding. (This includes, but is not limited to: moving, purchasing a car, etc.)

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature and acknowledge my understanding that any knowing misrepresentation(s) contained in this financial disclosure may result in further action being taken against me by the court or law enforcement. I agree that giving false information or false identifying information for purposes of seeking a payment plan, that information in this application may be shared with law enforcement and I may be subject to criminal prosecution. I understand that I may be subject to penalties, including but not limited to imprisonment if I willfully fail to obey the court's order.

Defendant's Signature _____

Parent/Legal Guardian if minor: _____

Date _____