



IN THE 16TH JUDICIAL CIRCUIT COURT, JACKSON COUNTY, MISSOURI

| | | |
|-------------------------------|------------------------------|-------------------------|
| Judge or Division: T. FANN | Case Number(s) Charges(s) | FILED INTO COURT |
|-------------------------------|------------------------------|-------------------------|

| | | |
|--|--|----------------|
| Financial Statement | | DATE _____ |
| ****PLEASE PRINT AND COMPLETE BOTH SIDES OF THE APPLICATION COMPLETELY. IN ORDER FOR YOUR APPLICATION TO BE REVIEW ALL BOXES MUST BE FILLED OUT. IF THE QUESTION DOES NOT APPLY TO YOUR SITUATION WRITE N/A IN THE BOX. FAILURE TO COMPLETE EACH BOX WILL RESULT IN AN AUTOMATIC DENIAL. I HAVE READ THE DIRECTIONS AND UNDERSTAND. (INITIAL BOX) <input type="text"/> | | TIME _____ |
| | | RECVD BY _____ |

PERSONAL INFORMATION

| | |
|----------------------------|---------------|
| Name (last, first, middle) | Date of Birth |
|----------------------------|---------------|

| | | |
|--|------|-----|
| Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no. | City | Zip |
|--|------|-----|

| | | | | |
|---------------|-------------------|-----------------------|-------------------------|-------|
| Email Address | Work Phone Number | Cellular Phone Number | Driver's License Number | State |
|---------------|-------------------|-----------------------|-------------------------|-------|

| | |
|-----------------------------|---|
| Full Social Security Number | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____ |
|-----------------------------|---|

| |
|---|
| If Married, Spouse's Name (last, first, middle) |
|---|

| | | |
|---|--------------|--------------|
| Name and Address of Nearest Living Relative | Relationship | Phone Number |
|---|--------------|--------------|

List the Names of everyone living at the address above.

| Name | Address | Phone | Years Known |
|------|---------|-------|-------------|
| | | | |
| Name | Address | Phone | Years Known |

| | | | |
|---------------------|----------------|------------------------------|----------------------|
| Names of Dependents | Dates of Birth | Are they a student? (Yes/No) | Are they in College? |
|---------------------|----------------|------------------------------|----------------------|

| |
|--|
| Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date filed _____ Date completed _____ |
|--|

EMPLOYER INFORMATION

| | | |
|--|----------|-----------|
| Employer Name, Address, and Phone Number | Position | How Long? |
|--|----------|-----------|

| | | |
|-------------------|----------|---|
| Supervisor's Name | Pay Days | Take Home Pay \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month |
|-------------------|----------|---|

| | | |
|--|----------|---------|
| Previous Employer Name, Address and Phone Number | Position | From/To |
|--|----------|---------|

| | | |
|---|----------|-----------|
| Spouse's Employer Name, Address, and Phone Number | Position | How Long? |
|---|----------|-----------|

| | | |
|-------------------|----------|--|
| Supervisor's Name | Pay Days | Take Home Pay \$ _____ Wk. ____ Month ____ |
|-------------------|----------|--|

| | |
|--|--|
| If you are currently unemployed, are you currently seeking employment? | If yes, what are you doing to find employment? |
|--|--|

List the Names, Addresses & Phone Numbers of Two Personal References Not Related to You.

| Name | Address | Phone | Years Known |
|------|---------|-------|-------------|
| | | | |
| Name | Address | Phone | Years Known |

ASSETS AND LIABILITIES

| | | |
|---|---|-----------------------|
| Vehicle #1 | Year / Make | Present Value \$ |
| Vehicle #2 | Year / Make | Present Value \$ |
| Bank/Financial Account Number | Name and Address of Financial Institution | Present Balance \$ |
| Investment/Brokerage Account Number | Name and Address of Financial Institution | Present Balance \$ |
| Other property such as real estate, boats, snowmobiles (describe) | | Value \$ |
| TOTAL ASSETS | | \$ |

List all your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Rent-To-Own Companies). Use a separate sheet of paper to list additional creditors.

| | | | |
|--------------|---------------|--------------------------|--------------|
| Company Name | Balance Owing | Payment Amount (Wk./Mo.) | Credit Limit |
| Company Name | Balance Owing | Payment Amount (Wk./Mo.) | Credit Limit |
| Company Name | Balance Owing | Payment Amount (Wk./Mo.) | Credit Limit |

Landlord Name, Address, and Phone Number

TOTAL LIABILITIES \$

DID YOU POST A CASH BOND ON THESE CASES?

(CIRCLE ONE) YES or **NO** if yes, what was the amount posted? \$ _____

| MONTHLY INCOME | YOURS | OTHERS | MONTHLY EXPENSES FOR ALL PARTIES IN THE HOME |
|---|-----------|--------|--|
| Gross monthly income (self) | \$ | \$ | Mortgage/Rent |
| Gross monthly income (spouse) | \$ | \$ | Utilities |
| Unemployment benefits | \$ | \$ | Vehicle payments |
| Social Security Disability | \$ | \$ | Insurance (vehicle/health/life) |
| Retirement/Pension benefits | \$ | \$ | Other loan payments |
| Child Support | \$ | \$ | Child support/Alimony |
| Alimony/Maintenance | \$ | \$ | Food |
| Veteran's benefits | \$ | \$ | Childcare |
| Interest/Dividends | \$ | \$ | Phone |
| Welfare - SSI | \$ | \$ | TOTAL EXPENSES |
| Food stamps | \$ | \$ | \$ |
| Any other form of Government assistance | \$ | \$ | Do you receive housing assistance? Yes or No |
| Do you or anyone in the household receive Medicaid? If yes, who? | | | If yes, how much credit do you receive each month? \$ |
| Other (cash on hand) | \$ | \$ | Do you or anyone in the home received utility assistance? If yes, how much credit do you receive each month? \$ |
| TOTAL MONTHLY INCOME | \$ | | Total YEARLY INCOME \$ |

ACKNOWLEDGEMENT & DECLARATION

After you have read each line initial that you acknowledge and understand.

I acknowledge that:

- The above information is a complete and accurate statement of my current financial condition. _____
- Lying on this application constitutes a crime and charges could be considered. (Section 575.060, RSMo.) _____
- I authorize this court, their employees or agents to conduct a complete and thorough investigation of my statement. _____
- I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. _____
- I understand this is a voluntary application and that I may need to provide this court, their employees, or agents documentation of my current financial information. Including, but not limited to, paystubs for the last 3 months, rental agreements, utility bills, prior years tax returns, bank statements or any financial documentation the court may need to support the information that I have provided to the Raytown Municipal Court. _____

X _____
 Defendant's Signature Date