Case Name:_____ Case Number:_____

Financia	al Statement - H	arassment (Attachment)		
1. My name is:				
2. [] I provide support to peop	le who live with me	: How many? Age(s):		
3. My Monthly Income:		6. My Monthly Household Expenses:		
Employed [] Unemployed []		Rent/Mortgage:	\$	
Employer's Name:		Food/Household Supplies:	\$	
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$	
Take home pay per month:	\$	Transportation:	\$	
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$	
Source:	\$	Ordered Child Support actually paid:	\$	
Source:	\$	Clothing:	\$	
Source:	\$	Child Care:	\$	
Source:	\$	Education Expenses:	\$	
Sub-Total:	\$	Insurance (car, health):	\$	
[] I receive food stamps.		Medical Expenses:	\$	
Total Income, lines 3 (take home pay) and 4ː		Sub-Total:	\$	
5. My Household Assets:		7. My Other Monthly Household Expenses:		
Cash on hand:	\$		\$	
Checking Account Balance:	\$		\$	
Savings Account Balance:	\$		\$	
Auto #1 (Value less loan):	\$		\$	
Auto #2 (Value less loan):	\$	Sub-Total:	\$	
Home (Value less mortgage):	\$	8. My Other Debts with Mont	thly Payments:	
Other:	\$		\$	/mo
Other:	\$		\$	/mo
Other:	\$		\$	/mo
Other:	\$		\$	/mo
Other:	\$	Sub-Total:	\$	
Total Household Assets:	\$	Total Household Expenses and Debts, lines 6, 7, and 8:	\$	
Date:		Signature:		