

Warren County Attorney's Office  
Financial Affidavit

Personal Information

Name: \_\_\_\_\_ DL #: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
Cell Home Work

\*\*\*\*\*

Income Information

Are you employed?  Yes  No If No, why not? \_\_\_\_\_ How long have you worked at present job? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street Ste. # City State Zip

Monthly Income (Gross): \_\_\_\_\_ Paid: Weekly  Bi-weekly  Monthly

Are you receiving public assistance or disability? If yes, specify type and amount per month: \_\_\_\_\_

List any other sources of income and amounts: \_\_\_\_\_

Does anyone help pay monthly expenses?  No  Yes If yes, who and amount per month? \_\_\_\_\_

\*\*\*\*\*

Monthly Expenses

Number of Dependents: \_\_\_\_\_ Do you pay child support?  No  Yes If yes, monthly amount: \_\_\_\_\_

Do you rent?  Yes  No or Own property?  Yes  No Monthly payment: \_\_\_\_\_

Cable/Internet: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Daycare: \_\_\_\_\_ Car Insurance: \_\_\_\_\_ Car Payment: \_\_\_\_\_

Gas: \_\_\_\_\_ Credit Cards/Loans: \_\_\_\_\_ Groceries: \_\_\_\_\_ Electric/Trash/Water/Propane: \_\_\_\_\_

Payments to Other Counties: \_\_\_\_\_ Other (specify item and amount): \_\_\_\_\_

Total Amount of Monthly Expenses: \_\_\_\_\_

\*\*\*\*\*

Other Financial Information

Do you have bank accounts?  Yes  No Name of Financial Institution: \_\_\_\_\_

List other assets (cash, real estate, property, other) : \_\_\_\_\_

Vehicle Information: \_\_\_\_\_ Do you have pending criminal charges?  Yes  No  
Year/Make/Model

\*\*\*\*\*

I certify under penalty of perjury that the information on this financial affidavit is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_