

SCHUYLER COUNTY PROBATION SUPERVISION FEE WAIVER APPLICATION
CONFIDENTIAL

FINANCIAL DISCLOSURE INSTRUCTIONS

IN ORDER TO BE PROCESSED FOR CONSIDERATION OF FINANCIAL HARDSHIP AND WAIVER OF FEES, ALL INFORMATION REQUESTED ON THIS REPORT MUST BE COMPLETELY, PROPERLY AND ACCURATELY PROVIDED TO THE SCHUYLER COUNTY PROBATION DEPARTMENT. DATED SIGNATURE OF THE DEFENDANT IS ALSO REQUIRED.

QUALIFYING INFORMATION SECTION *

DEFENDANT'S NAME: LAST, FIRST, MI (MIDDLE INITIAL): ENTER DEFENDANT'S NAME.

ADDRESS: ENTER DEFENDANT'S MAILING ADDRESS

DATE OF BIRTH: ENTER DEFENDANT'S BIRTHDATE

LIVING ARRANGEMENTS AND LENGTH OF TIME IN CURRENT ARRANGEMENT: DESCRIBE THE DEFENDANT'S PRESENT LIVING ARRANGEMENT AND THE LENGTH OF TIME IN THIS LIVING ARRANGEMENT (E.G. HOMELESS, MARRIED LIVING WITH SPOUSE AND/OR CHILD(REN), SINGLE/DIVORCED/WIDOWED LIVING ALONE, SINGLE/DIVORCED/WIDOWED LIVING WITH CHILD(REN), SINGLE/DIVORCED/WIDOWED LIVING WITH PARENTS WITH OR WITHOUT CHILD(REN), CO-HABITATING, LIVING WITH RELATIVE(S) OTHER THAN SPOUSE OR PARENT).

LIST OTHER PEOPLE IN HOUSEHOLD: LIST ANY OTHER PEOPLE WHO LIVE IN THE SAME HOUSEHOLD WITH THE DEFENDANT, INCLUDING SPOUSE AND ANY DEPENDENTS.

EMPLOYMENT STATUS: CHECK THE APPROPRIATE RESPONSE. IF EMPLOYED, PROVIDE ALL INFORMATION REQUESTED IN THE "EMPLOYED" SECTION ONLY AND PROCEED TO THE "FINANCIAL REPORTING SECTION". DOCUMENTS THAT CAN BE USED AS VERIFICATION OF EMPLOYMENT INCLUDE A RECENT PAY STUB OR A COMPANY OR EMPLOYER LETTER. IF UNEMPLOYED, PROVIDE ALL INFORMATION REQUESTED IN THE "UNEMPLOYED" SECTION AND PROCEED TO THE "FINANCIAL REPORTING SECTION". DOCUMENTS THAT CAN BE USED AS VERIFICATION OF UNEMPLOYMENT INCLUDE BENEFITS STATEMENT/CHECK STUB FOR UNEMPLOYMENT BENEFITS, EMPLOYER LETTER, OR DISABILITY VERIFICATION.

FINANCIAL REPORTING SECTION **

**DO NOT LEAVE ANY SPACES BLANK. PLACE A ZERO IN THE APPROPRIATE SPACE
IF THE DEFENDANT HAS NO SUCH INCOME OR EXPENSES.**

A – MONTHLY INCOME FROM WAGES: ENTER **TOTAL GROSS** FOR **ALL** WAGES. THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: PAY CHECK STUB, W-2 FORM OR EMPLOYER STATEMENT.

B – MONTHLY INCOME FROM OTHER SOURCES: ENTER ALL INCOME RECEIVED FROM SOURCES OTHER THAN EMPLOYMENT. ("RENTAL INCOME" REFERS TO INCOME RECEIVED FROM RENTAL PROPERTY THAT IS OWNED BY THE DEFENDANT.) THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: PAYMENT STUB, MOST RECENT STATE OR FEDERAL TAX RETURN, BANK STATEMENT, COURT RECORDS, LETTERS FROM THE BENEFIT OFFICE REGARDING MONTHLY BENEFIT AMOUNT, ETC.

C – MISCELLANEOUS INCOME DURING PAST 12 MONTHS: SPECIFY **ALL** OTHER INCOME, REGARDLESS OF SOURCE.

D – CURRENT BALANCES: SPECIFY **ALL** TYPES AND AMOUNTS.

E – PERSONAL PROPERTY: LIST THE MARKET VALUE OF **ALL** PERSONAL PROPERTY OWNED.

F – MONTHLY EXPENSES: ENTER **ALL** MONTHLY EXPENSES AS APPROPRIATE. THE FOLLOWING DOCUMENTS CAN BE USED AS VERIFICATION: EXPENSE RECEIPTS, PAYMENT BOOK, MOST RECENT BILL.

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QUALIFYING INFORMATION SECTION *

FIRST NAME _____ MI _____ DEFENDANT'S LAST NAME _____
DATE OF BIRTH _____ DEFENDANT'S LICENSE NUMBER _____
HOME ADDRESS
CITY _____ STATE _____ ZIP _____
MAILING ADDRESS – IF DIFFERENT
CITY _____ STATE _____ ZIP _____

**PROVIDE INFORMATION FOR EACH VEHICLE OWNED- *IF MORE THAN 3 VEHICLES PLEASE ATTACH ADDITIONAL SHEET WITH
REQUIRED INFORMATION**

VEHICLE ONE

YEAR _____ MODEL _____ MAKE _____ VALUE \$ _____

VEHICLE TWO

YEAR _____ MODEL _____ MAKE _____ VALUE \$ _____

VEHICLE THREE

YEAR _____ MODEL _____ MAKE _____ VALUE \$ _____

DESCRIBE LIVING ARRANGEMENTS _____

LENGTH OF TIME IN CURRENT ARRANGEMENT _____

OTHER PEOPLE LIVING IN HOUSEHOLD:

NAME	AGE	RELATIONSHIP

NAME	AGE	RELATIONSHIP

EMPLOYMENT STATUS (CHECK ONE)

EMPLOYED

UNEMPLOYED

PLACE OF EMPLOYMENT _____

LENGTH OF UNEMPLOYMENT _____

ADDRESS _____

LAST PLACE OF EMPLOYMENT _____

POSITION _____

LAST EMPLOYMENT FROM _____ TO _____

LENGTH OF TIME _____

VERIFICATION DOCUMENT (SPECIFY & ATTACH)

VERIFICATION DOCUMENT (SPECIFY & ATTACH)

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FINANCIAL REPORTING SECTION **

A: MONTHLY INCOME FROM WAGES

SELF \$ _____
 SPOUSE \$ _____
 OTHER HOUSEHOLD MEMBERS \$ _____
 \$ _____
 HOW OFTEN IS DEFENDANT PAID? _____
 (WKLY, BI-WKLY, BI-MNTHLY)

B: MONTHLY INCOME FROM OTHER SOURCES

PENSION \$ _____
 RENTAL INCOME \$ _____
 CERTIFICATES OF DEPOSIT \$ _____
 TRUSTS/STOCKS/BONDS \$ _____
 CHILD SUPPORT \$ _____
 SPOUSAL MAINTENANCE/ALIMONY \$ _____
 LEGAL SETTLEMENT/AWARDS \$ _____
 AFDC/FOOD STAMPS/RENTAL ASSISTANCE \$ _____
 WORKERS COMP \$ _____
 UNEMPLOYMENT COMP \$ _____
 COUNTY/CITY WELFARE \$ _____
 OTHER: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

C: MISCELLANEOUS INCOME DURING PAST 12 MONTHS

LOTTERY \$ _____
 SWEEPSTAKES \$ _____
 DISABILITY \$ _____
 BONUS \$ _____

WAGERING \$ _____
 LEGAL SETTLEMENT/AWARD \$ _____
 ANNUITY \$ _____

<u>SPECIFY</u>	<u>AMOUNTS</u>
OTHER _____	\$ _____
_____	\$ _____
_____	\$ _____

D: CURRENT ACCOUNT BALANCES

SAVINGS ACCOUNT
 \$ _____
 CHECKING ACCOUNT
 \$ _____
 INDIVIDUAL RETIREMENT ACCOUNT
 \$ _____

DEFERRED COMPENSATION
 ACCOUNT \$ _____
 TRUST ACCOUNT \$ _____
 OTHER ACCOUNTS (SPECIFY &
 AMOUNT) \$ _____

E: PERSONAL PROPERTY

DO YOU OWN:
 REAL ESTATE

LOCATION _____	VALUE \$ _____
LOCATION _____	VALUE \$ _____
LOCATION _____	VALUE \$ _____

REC VEHICLE/CAMPER	MAKE _____	VALUE \$ _____
ATV ¾ WHEEL	MAKE _____	VALUE \$ _____
MOTORCYCLE	MAKE _____	VALUE \$ _____
BOAT	MAKE _____	VALUE \$ _____
PERSONAL PROPERTY (ELECTRONICS, ART, JEWELRY, FURNITURE, ETC.)	APPROXIMATE VALUE	\$ _____

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F: MONTHLY EXPENSES

RENT/MORTGAGE \$ _____	WATER/SEWER \$ _____
HOME ELECTRIC/GAS \$ _____	FOOD \$ _____
TELEPHONE (LANDLINE) \$ _____	TELEPHONE (CELL) \$ _____
HEALTH/LIFE INSURANCE \$ _____	CHILD CARE \$ _____
AUTOMOBILE INSURANCE(S) \$ _____	AUTOMOBILE FUEL/GAS \$ _____
SPECIFY NUMBER _____	ALCOHOL \$ _____
AUTOMOBILE LOAN(S) \$ _____	CIGARETTES/OTHER TOBACCO PRODUCTS \$ _____
SPECIFY NUMBER _____	CABLE TELEVISION \$ _____
SPOUSAL MAINTENANCE/ALIMONY \$ _____	SATELLITE TV/RADIO \$ _____
INTERNET SERVICE \$ _____	MEDICAL PRESCRIPTIONS \$ _____
BEEPERS/PAGERS \$ _____	\$ _____
SPECIFY NUMBER _____	

SPECIFY BELOW:

AMOUNTS

CREDIT CARD CHARGE(S)/OTHER _____	\$ _____
LOAN AMOUNT(S) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
WORK RELATED TRAVEL _____	\$ _____
RECREATION _____	\$ _____
_____	\$ _____
_____	\$ _____
OTHER EXPENSES _____	\$ _____
_____	\$ _____
_____	\$ _____

**ATTACH ADDITIONAL SHEET WITH REQUIRED INFORMATION IF MORE SPACE IS NECESSARY.*

THE INFORMATION PRESENTED HEREIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DEFENDANT SIGNATURE

DATE

PRINT NAME