

PLEASE PRINT OR WRITE LEGIBLY AND COMPLETE ALL BLANKS (IF NOT APPLICABLE INSERT N/A) AND RETURN TO COURT ADMINISTRATION, ANOKA COUNTY COURTHOUSE, ANOKA, MINNESOTA 55303-2489

TICKET/FILE NUMBER: 02-\_\_\_\_\_

Name: \_\_\_\_\_
Last First Middle
Address: \_\_\_\_\_
Street Apt. #
City State Zip

Date of Birth: \_\_\_\_\_
Phone (Home): \_\_\_\_\_
Work (Other): \_\_\_\_\_
Email Address: \_\_\_\_\_
OTHER: \_\_\_\_\_

MARITAL STATUS: [ ] MARRIED [ ] SINGLE [ ] DIVORCED [ ] OTHER:

Living With You? Name Age Living With You?
Spouse: \_\_\_\_\_ [ ] Yes [ ] No Children: \_\_\_\_\_ [ ] Yes [ ] No
Other adults living with you: \_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

ARE YOU CURRENTLY EMPLOYED: [ ] FULL-TIME [ ] PART-TIME \_\_\_\_\_ HRS PER WEEK [ ] NO
[ ] LAID OFF - TEMPORARY [ ] LAID OFF - PERMANENT [ ] STUDENT

NAME AND ADDRESS OF CURRENT EMPLOYER: \_\_\_\_\_

IF UNEMPLOYED, DATE LAST WORKED: \_\_\_\_\_ NAME AND TELEPHONE NO. OF PREVIOUS EMPLOYER: \_\_\_\_\_

ARE YOU CURRENTLY IN JAIL/PRISON? [ ] YES [ ] NO

IF IN JAIL/PRISON, WHEN RELEASED WILL YOUR JOB BE AVAILABLE TO YOU: [ ] YES [ ] NO

CURRENT INCOME: Table with columns for Self and Other Adults, listing Monthly Gross Pay, Retirement Benefits, Public Assistance, Social Security Benefits, Unemployment/Worker's Compensation, Veteran's Benefits, Child Support, and Other Income.

ASSETS: Table listing Cash, Bank Accounts, Stocks, Bonds, Notes, CDs, Real Estate, and Other Significant Assets, with a column for 'How much do you owe on it?'.

EXPENSES: Table listing Monthly Rent or House Payment, Monthly Automobile Payment, Monthly Credit Card Payments, Monthly Utility and Telephone Bills, Monthly Maintenance (Alimony) Payments, Monthly Child Support Payments, Monthly Insurance Payments, Monthly Food Bill, Monthly Medical Bill, Monthly Loan Payment, and Other.

I voluntarily swear that the above statements are true and that I understand that I could be prosecuted for perjury; I also understand that I may be required by the Court to reimburse the County of Anoka for my legal representation. I further authorize any source that may have information relative to my financial status to release such information to the above-named Court. I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat § 358.116.

Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_ Date: \_\_\_\_\_
County and State Where Signed: \_\_\_\_\_