

DATE AND TIME OF YOUR COURT HEARING: _____

MUNICIPAL COURT POVERTY EVALUATION FORM

FORM MUST BE COMPLETELY FILLED OUT AND RETURNED TO COURT PRIOR TO YOUR HEARING.

1315 North 23rd Street, Suite 102
Sheboygan, WI 53081
(920)459-0212

Defendant's Name _____ Date of Birth _____

Address _____ Today's Date _____

City _____

Telephone Number _____ Marital Status _____ Number of Persons Living in the Household _____

INCOME

Defendant's Employment Status (If more than one employer, please add to the back of this form)

Check one: _____ Employed _____ Unemployed _____ Retired _____ Disabled _____ Laid off

Name and Address of Employer _____

Length of time employed there _____ If less than 6 months, list previous employer _____

Salary or Wage per hour \$ _____ Hours Per Week (Avg.) _____

Spouse's Employment Status

Check one: _____ Employed _____ Unemployed _____ Retired _____ Disabled _____ Laid off

Defendant's Supplemental Income Information

Workers Compensation \$ _____ SSI(D) Benefits \$ _____ Unemployment Benefits \$ _____

Child Support/Maintenance \$ _____ Food Stamps \$ _____ Pension Benefits \$ _____

Public Assistance \$ _____ Medical Assistance \$ _____

ASSETS

Checking Account \$ _____	Savings Account \$ _____	Trust Accounts \$ _____
Cash \$ _____	Life Insurance \$ _____	Money Owed to you \$ _____
House (Value) \$ _____	Automobile (Value) \$ _____	Personal Property \$ _____

EXPENSES – Monthly

Mortgage/Rent \$ _____	Utilities \$ _____	Groceries \$ _____
Outstanding Fines (other than Municipal Court) \$ _____	Child Support \$ _____	Medical Bills \$ _____
Auto Payments \$ _____	Telephone/Cell Phone Bill \$ _____	Credit Cards \$ _____
Insurance \$ _____	Other \$ _____	

NOTE: You must be able to verify the information requested on this form.

***** **Bring any documentation necessary to prove your responses.** *****