

# Colorado Springs Municipal Court

# Financial Affidavit

\*\*\*THIS FORM IS TO BE FILLED OUT COMPLETELY\*\*\*

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Case Number(s)

\_\_\_\_\_  
Street Address, City, State, Zip Code Apt. #

\_\_\_\_\_  
Phone Number(s) Date of Birth

Marital Status

\_\_\_\_ Single      \_\_\_\_ Separated  
\_\_\_\_ Married      \_\_\_\_ Divorced

Number of Dependents

\_\_\_\_ Children      \_\_\_\_ Other  
\_\_\_\_ Spouse      \_\_\_\_ Total

No. of people in household: \_\_\_\_\_

Children live with: \_\_\_\_\_

\_\_\_\_\_  
Current Employer(s)

\_\_\_\_\_  
Supervisor/Manager Name

\_\_\_\_\_  
Address/Location

\_\_\_\_\_  
Hours worked per week

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date and Expected Amount of Next Paycheck

Monthly Income (before deductions): \$ \_\_\_\_\_

Monthly Expenses \$ \_\_\_\_\_

Are you receiving assistance from any Social Service Agency? (eg- Welfare, AFDC, SSI, Food Stamps) \_\_\_\_\_

If so, how much assistance do you receive monthly? \$ \_\_\_\_\_

Current bank account totals      Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Credit/Debit cards:      \_\_\_ VISA      \_\_\_ MasterCard      \_\_\_ Discover      \_\_\_ Other

Do you own a vehicle? Y      N      Please describe: \_\_\_\_\_

Value of Assets (house, car, investments) \_\_\_\_\_ How much are you prepared to pay today? \$ \_\_\_\_\_

If you claim to have no income, on the back please explain your means of survival/financial support.

Please explain how you get money to pay your rent, your food, your clothes, your gasoline, your utilities, maintenance on the car, etc.

\_\_\_\_\_  
Parent/Spouse's Employer

\_\_\_\_\_  
Address/Location

\_\_\_\_\_  
Phone Number

\$ \_\_\_\_\_  
Spouse/Parent's Gross Monthly Income

**I Swear or Affirm, under Penalty of Perjury, that the above information is True and Complete. I understand that I may be subject to penalties if I fail to pay my assessed fines/costs/restitution/etc. as Ordered, including but not limited to, a pay or serve Bench Warrant being issued for my arrest, which may cause me to be arrested AND jailed for failure to pay. I understand that I may be held in Contempt of Court and/or prosecuted for providing false information and/or incomplete information on this application. I understand that I will be required by the Probation Department to provide documentation verifying my above listed income, such as paystubs, bank statements, or income tax returns within 48 hours.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

(Necessary if Defendant is under age 18)

\_\_\_\_\_  
Date