

STATE OF LOUISIANA  
VERSUS

\_\_\_\_\_

CASE NO.: \_\_\_\_\_

SECTION: \_\_\_\_\_

**Notice:** This is a public document and must be filed in the court record once completed. **Do not list any account numbers or personal identifiable numbers on this document.**

## **FINANCIAL DECLARATION**

Answers to Questions Regarding Defendant's Ability to Pay

(Use the reverse side of this document for additional response to questions if necessary)

**EMPLOYMENT:** Are you employed? (Check One)  Yes  No  Self-Employed

If **YES**, Name and address of employer: \_\_\_\_\_

If **YES**, how much do you earn per month? \_\_\_\_\_

If **NO**, give month and year of last employment: \_\_\_\_\_

If **NO**, how much did you earn per month? \_\_\_\_\_

Are you currently married?  Yes  No

If **YES**, is your spouse employed?  Yes  No

If **YES**, how much does your spouse earn per month? \_\_\_\_\_

**OTHER INCOME:** Have you received within the past 12 months any income (other than noted above) from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?  
 Yes  No

If **YES**, give the amount received in the source and identify the source.

Funds Received	Source of Funds
\$ _____	_____
\$ _____	_____
\$ _____	_____

Do you receive Public Assistance?  Yes  No

**CASH:** Do you have any cash on hand or money in savings or checking accounts?  Yes  No

If **YES**, total amount? \_\_\_\_\_

**PROPERTY:** Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?  Yes  No

Value	Description
\$ _____	_____
\$ _____	_____
\$ _____	_____

**DEPENDENTS:** Marital Status:  Single  Married  Widowed

List persons you actually support and your relationship to them.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Total Number of Dependents: \_\_\_\_\_

**DEBTS & MONTHLY BILL OBLIGATIONS:** List any and all rent, utilities, loan/charge accounts, etc.

Description	Total Debt	Monthly Payments
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Defendant (or Person Represented)

\_\_\_\_\_  
Date