

STATE OF WISCONSIN  
HON.BRAD MATTHIESEN

VILLAGE OF MENOMONEE FALLS MUNICIPAL COURT  
W156N8480 Pilgrim Road - Menomonee Falls, WI 53051  
OFFICE (262) 532-4370 FAX (262) 532-4379  
[court@menomonee-falls.org](mailto:court@menomonee-falls.org)

WAUKESHA COUNTY

## POVERTY EVALUATION FORM

Defendant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse/Live-In: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Email: \_\_\_\_\_ Number of Persons Living in the Household: \_\_\_\_\_

Education Grade Level Completed: (circle one): H/S Degree -OR- GED

Attending High School / Tech / College: \_\_\_\_\_  
(Name of Institution)

**CURRENT AMOUNT OWED TO MENOMONEE FALLS MUNI COURT: \$** \_\_\_\_\_

### INCOME INFORMATION

Defendant's Employment Status: \_\_\_\_\_

Name and Address of Employer(s): \_\_\_\_\_

Length of Time Employed (Defendant): \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

No. of Work Searches / Week: \_\_\_\_\_ Current Wage per Hour: \$ \_\_\_\_\_

Current Hours per Week (avg): \_\_\_\_\_ Current Salary (if applicable):\$ \_\_\_\_\_

### SUPPLEMENTAL INCOME INFORMATION

Worker's Compensation\$ \_\_\_\_\_ Unemployment:\$ \_\_\_\_\_

Government Asst \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_

Veteran Benefits: \$ \_\_\_\_\_ SSI (D) \$ \_\_\_\_\_

Wisconsin Works: \$ \_\_\_\_\_ Food Stamps: \_\_\_\_\_

Disabled: Yes/ No Describe: \_\_\_\_\_

Any Other Source of Income Not Specifically Requested, List Here: \_\_\_\_\_

**ASSETS**

Checking Acct #1 \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Savings Acct #1 \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_

Money Owed to You: \$ \_\_\_\_\_

**NON-LIQUID ASSETS (value)**

House \$ \_\_\_\_\_

Automobile \$ \_\_\_\_\_

Motorcycle \$ \_\_\_\_\_

Computer \$ \_\_\_\_\_

Boat \$ \_\_\_\_\_

Pet (type): \_\_\_\_\_

Cell Phone Brand: \_\_\_\_\_

**EXPENSES: (Monthly)**

Mortgage/Rent \$ \_\_\_\_\_

Pet \$ \_\_\_\_\_

Credit Card(s) \$ \_\_\_\_\_

Cell Phone Plan\$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Auto Payments \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Rx Drugs \$ \_\_\_\_\_

Hair / Nails \$ \_\_\_\_\_

Any Other Expenses You Wish to Have Considered \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

I declare under penalty of perjury that the foregoing, including any attachments, is true and that this declaration was executed on \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of Individual Completing Form: \_\_\_\_\_

**STOP****STOP PRIOR TO RECEIVING A POVERTY HEARING DATE,****THIS FORM MUST BE FILLED OUT COMPLETELY AND PRESENTED TO THE COURT CLERK. NOTE: YOU MUST COMPLY WITH THE JUDGMENT UNTIL THE COURT ORDERS THE CONVICTION VACATED.****THE FOLLOWING SECTION WILL BE COMPLETED BY THE MUNICIPAL COURT, STAMPED AND SENT BACK TO YOU.**

The above matter is scheduled for a POVERTY HEARING at the date and time stated below. The hearing will not be adjourned by the court except upon a formal motion for good cause, or with the specific approval of the court upon an agreement by both parties, made prior to the scheduled date and time.

Failure to appear will result in prior enforcement action.

POVERTY HEARING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

By the Court:

Hon. Bradley Matthiesen