

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