



**STATE OF RHODE ISLAND JUDICIARY  
RHODE ISLAND TRAFFIC TRIBUNAL  
FINANCIAL STATEMENT**

<b>State of Rhode Island</b> v. <b>Defendant</b>	<b>Case Number</b>
	<b>Court Location</b>

<b>Name:</b>	<b>Marital Status:</b> <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
<b>Address:</b>	<b>Number of Dependents and Ages:</b>
<b>City and State:</b>	
<b>Telephone:</b>	
<b>Social Security Number:</b>	<b>Date of Birth:</b>

<b>Employed:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>How Long:</b>
<b>Employer(s):</b>	
<b>Address:</b>	<b>City and State:</b>

Indicate if you qualify and/or receive any of the following benefits or services:  Temporary assistance to needy families  Social security including supplemental security income and state supplemental payments program  Public assistance  Disability insurance  Food stamps  Represented by public defender or court appointed counsel

Indicate if you make payments in the amount of \$100 or more (either individually or collectively) on any of the following:  Restitution  Child support payments  Payments for any counseling required as a condition of the sentence imposed including, but not limited to, substance abuse, mental health, and domestic violence

**IF YOU HAVE CHECKED ANY OF THE BOXES IN THE TWO ROWS ABOVE, THE FORM IS COMPLETE. PLEASE SKIP THE FINANCIAL INFORMATION BELOW AND SIGN AND DATE THE FORM.**

Monthly Income		Monthly Expenses	
Gross Monthly Income (Self)	\$		\$
Gross Monthly Income (Spouse)	\$	Mortgage or Rent	\$
Unemployment Benefits	\$	Utilities	\$
Social Security	\$	Vehicle Payments	\$
Retirement/Pension Benefits	\$	Insurance (Vehicle/Health/Life)	\$
Child Support	\$	Other Loan Payments	\$
Alimony	\$	Child Support/Alimony	\$
Disability	\$	Medical Payments	\$
Veteran's Benefits	\$	Food	\$
Interest/Dividends	\$	Other:	\$
Other:	\$	Other:	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses:</b>	<b>\$</b>
<b>Checking Balance:</b>	<b>Real Property:</b>		
<b>Savings Balance:</b>	<b>Other (IRA, CD, Trusts, Stocks, Bonds):</b>		

I hereby certify under penalty of perjury that the information provided is truthful, complete, and accurate to the best of my knowledge.

_____ <b>Signature of the Defendant/Parent/Guardian</b>	<b>Date</b>
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