



State of Rhode Island Judiciary

Superior Court

Financial Statement – Criminal Cases

State of Rhode Island v. Defendant	Case Number Court Location
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Name:	Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
Address:	Number of Dependents and Ages:
City and State:	
Telephone:	
Social Security Number:	Date of Birth:

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

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 UNLESS YOU OWE RESTITUTION. IF YOU OWE RESTITUTION, YOU MUST COMPLETE THE FINANCIAL INFORMATION BELOW. OTHERWISE, 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:	\$
Total Income	\$	Total Expenses:	\$
Checking Balance:	Real Property:		
Savings Balance:	Other (IRA, CD, Trusts, Stocks, Bonds):		

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

_____ Signature of the Defendant/Parent/Guardian	Date
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