

# FINANCIAL DECLARATION

STATE OF LOUISIANA

40<sup>TH</sup> JUDICIAL DISTRICT COURT

VS. NO.: \_\_\_\_\_

PARISH OF \_\_\_\_\_

\_\_\_\_\_  
Defendant

STATE OF LOUISIANA

Division: A

### 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

**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.**