

**CHANDLER MUNICIPAL COURT
DEFENDANT FINANCIAL STATEMENT AND AFFIDAVIT**

INSTRUCTIONS TO DEFENDANT: Thoroughly and legibly complete this Defendant Financial Statement and Affidavit. Do not leave any blanks. If an item does not pertain to you, fill in "N/A" for not applicable. **WARNING: It is a felony to intentionally submit false information to a court. The maximum penalty is a \$150,000 fine and/or 1-½ years in prison.**

Name: _____ Social Security No: _____

Date of Birth: _____ Case #: _____ Employed Y/N?: _____

MONTHLY INCOME:

YOUR EARNINGS: \$ _____

CHILD SUPPORT: \$ _____

WELFARE BENEFITS: \$ _____

FOOD STAMPS: \$ _____

PENSION: \$ _____

SOCIAL SECURITY: \$ _____

SPOUSE'S EARNINGS: \$ _____

EXPENSES:

RENT/HOUSE PYMT: \$ _____

LOAN PAYMENTS: \$ _____

CREDIT CARD/CHARGE PYMTS: \$ _____

UTILITIES: \$ _____

FOOD: \$ _____

OTHER: \$ _____

ACCOUNTS:

VEHICLE PAYMENTS: \$ _____

CHILD SUPPORT/ALIM: \$ _____

CHILD CARE: \$ _____

MEDICAL CARE: \$ _____

VEHICLE INSURANCE/MAINT: \$ _____

ASSETS:

CASH (ON HAND/BANK): \$ _____

REAL ESTATE/HOME: \$ _____

HOW MUCH CAN YOU PAY EACH MONTH? \$ _____

I swear, under penalty of perjury that all statements and information contained herein are true and complete. I authorize the City of Chandler to verify any information contained herein with any credit bureau or investigative agency or any other source. I agree to abide by the terms set forth in a deferred payment agreement. In the event I do not comply with the terms and payments are not paid by the due date, I understand that the Court will demand the balance due and payable immediately and may issue an order to appear in Court to explain my failure to comply. I understand that if any of my charges are criminal and I fail to appear, a warrant may be issued for my arrest and a warrant fee of \$125.00 may be added. I also understand that for civil traffic delinquencies, a \$50.00 fee will be added to each civil charge. I understand that the court may also notify the Department of Revenue of my outstanding and delinquent balance due, to attach my tax refunds and take any legally appropriate collection action against me, my income, or my property. I understand the court may refer my outstanding balance to a collection agency and the collection agency fee will be added to my balance due.

DEFENDANT

DATE

PHONE

STREET ADDRESS

EMAIL

CITY, STATE AND ZIP CODE