## Fresno Superior DUI Court Financial Assessment Form

Completion of this form is mandated for participants seeking financial assistance for alcohol monitoring fees.

PERSONAL INFOR	MATION	Date:		
Last Name:				
Date of Birth:		Case #'s:		
Marital Status (Circle one): Married   Separated   Divorced   Cohabitating   Sir			Total # ingle of Dependents:	
EMPLOYMENT IN	FORMATION			
Current Employm Status (circle one)	ent : <u>Full-time</u>   <u>Part-Time</u>   <u>To</u>	emp. Service   <u>Unem</u> p	ployed   <u>Disabled</u>	
Employer Name:		Work Phone:		
	S:			
Paid <i>(circle one)</i> :	Weekly   Bi-weekly   Mont	chly   Other:		
Complete if unem	ployed: How long unemployed?	Reason:		
Does anyone conf	tribute to your financial support? YES	NO If yes, who and ho	w?	
Do you receive:	Unemployment Welfare Pension, Benefits or Social security Food Stamps	YES   NO \$ YES   NO \$ YES   NO \$ YES   NO \$	Amount.  Enter totaled amount in "Other	
If currently unem	ployed, when do you expect to start v	vorking?		
Are you currently	seeking employment? YES   NO	How?		
Spouse / Partners	Employer:	Occupation:		
INCOME				
Employment Net Income <i>(after</i>	taxes) \$	Total Monthly <u>Income</u>	\$	
Spouse's Net Income (after taxes) \$		Total Monthly Expenses \$		
	\$	Total Difference	ć	

Date: \_\_\_\_\_

Participant Signature:

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COURT ORDER: (circle one)	Approved / Denied			
	TERM: 30 Days / 60 Days / Other:			
JUDGE:	Amy Guarra	Date:		