

# Fresno Superior DUI Court Financial Assessment Form

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

**PERSONAL INFORMATION**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Case #: \_\_\_\_\_

**Marital Status**

Total # \_\_\_\_\_

(Check one):  Married  Separated  Divorced  Cohabiting  Single

Number of Dependents: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Current Employment Status**

(Check one):  Full-time  Part-Time  Temp. Service  Unemployed  Disabled

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Paid** (circle one):  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_

**Complete if unemployed:** How long unemployed? \_\_\_\_\_ Reason: \_\_\_\_\_

Does anyone contribute to your financial support?  Yes  No If yes, who and how? \_\_\_\_\_

Do you receive:

	Yes	No	
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Pension, Benefits or Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<b>Total</b>		<b>\$ _____</b>

**Input Monthly Amount.**

Enter totaled amount in "Other Income" Below

If currently unemployed, when do you expect to start working? \_\_\_\_\_

Are you currently seeking employment?  Yes  No How? \_\_\_\_\_

Spouse's/ Partner's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**INCOME**

**Employment**

Net Income (after taxes) . . . . . \$ \_\_\_\_\_ Total Monthly Income . . . . . \$ \_\_\_\_\_

Spouse's Net Income (after taxes). . \$ \_\_\_\_\_ Total Monthly Expenses . . . . . \$ \_\_\_\_\_

Other Income . . . . . \$ \_\_\_\_\_ **Total Difference** . . . . . \$ \_\_\_\_\_  
 (Income less Expenses)

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I confirm that the information I have provided above is a true and correct statement of my income and obligations to the best of my knowledge.

**Participant Signature:** /S/ \_\_\_\_\_ **Date:** \_\_\_\_\_

**COURT ORDER:**  
(check one)

Approved     Denied

Term:  30 Days     60 Days     Other: \_\_\_\_\_

Judge: \_\_\_\_\_  
                    Judge David Gottlieb

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