

**IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA**

STATE OF NEVADA

Plaintiff,

Case No. _____

Versus

_____ Defendant.

**FINANCIAL INQUIRY TO DETERMINE
ELIGIBILITY TO CONVERT FINE/FEEES**

Instructions: You must bring this completed form to Court with you. The Judge will review the information during your hearing. Each line on this form must be completed. If a particular item does not apply, write "0" or "n/a."

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Including myself, there are _____ adults and _____ children in the household.

Name, age, and relationship of dependents you actually support:

Name	Age	Relationship

2. EMPLOYMENT INFORMATION:

Employer's Name: _____ Length of Employment: _____

Employer's Address: _____

Are you married? Yes No If yes, spouse employment information:

Employer's Name: _____ Length of Employment: _____

Employer's Address: _____

3. INCOME INFORMATION:

- a. State Supplemental Insurance Yes No
- b. Temporary Assistance for Needy Families Yes No
- c. Medicaid Yes No
- d. Food Stamp Assistance Yes No
- e. Low-Income Home Energy Assistance Yes No
- f. Benefits provided pursuant to any public welfare Program administered by the Division of Health Care Yes No

My monthly income, after taxes, is as follows:

a. Monthly income from employment _____ \$ _____

b.	Monthly income from social security unemployment benefits, workers' compensation, child support, welfare, social services, etc.	\$ _____
c.	Monthly income from any other household member	\$ _____
d.	Other income: (explain)	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL MONTHLY INCOME:	\$ _____

4. My monthly **expenses** are as follows:

a.	Rent/mortgage	\$ _____
b.	Phone, gas, electricity and other utilities	\$ _____
c.	Food	\$ _____
d.	Child care and/or child support paid to someone else	\$ _____
e.	Insurance	\$ _____
f.	Medical	\$ _____
g.	Transportation	\$ _____
h.	Other expenses (explain):	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL MONTHLY EXPENSES:	\$ _____

4. **ASSETS:**

Do you own any automobiles/motorcycles/RVs/ATVs/watercraft/trailers? Yes No

Type	Year	Make	Model	Amt Owed	Value (Equity)
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

Do you own your home or any other real estate? Yes No

Address	Amt. Owed	Value (Equity)
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Do you have a bank account? Yes No

Bank Name	Branch Location	Checking or Savings	\$
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL ASSETS:			\$ _____

Signature of Defendant

Date

Instructions to Court Clerk: This form is to be filed as "Confidential."