

**SKAGIT COUNTY DISTRICT COURT PROBATION**

**FINANCIAL REVIEW**

If you want your probation fee adjusted, you must prove that you are unable to pay it in the foreseeable future. The proof you must give is the information included on a **PETITION FOR FINANCIAL REVIEW**.

If someone helps you fill out the Petition, that person's name and signature must appear at the bottom of the last page.

We will take one of the following actions regarding your petition: (1) **Deny it**, (2) **Return it to you if it is not complete**, (3) **Adjust downward the total amount you have to pay and inform the court of this change**. If the fee is reduced on a certain date, you still must make all outstanding payments up to that date.

**FINANCIAL REVIEW**

**EMPLOYMENT HISTORY FOR THE LAST 12 MONTHS IS:**

<u>Name, Phone No of Employer</u>	<u>Starting Date</u>	<u>End Date</u>	<u>Hourly Total</u>	<u>Wage</u>	<u>Hours Weekly</u>
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

**IN THE LAST 12 MONTHS, THE FOLLOWING TEMPORARY/ODD JOBS FOR WHICH I WAS PAID CASH:**

<u>I Worked For:</u>	<u>I Started On</u> (Date)	<u>I Stopped On</u> (Date)	<u>I Was Paid</u> A <u>Total Of</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**DURING THE LAST 12 MONTHS I WAS UNEMPLOYED FOR THE FOLLOWING TIME PERIODS/REASONS:**

<u>Date Unemployment</u> <u>Started</u>	<u>Date Unemployment</u> <u>Ended</u>	<u>Reason for Being Unemployed</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MY INCOME, as averaged during the last three months:**

**SUPPLY AVAILABLE DOCUMENTATION FOR THIS SECTION**

(Pay stubs, receipts, statements, etc)

- |     |   |                 |
|-----|---|-----------------|
| (1) | Net wages and/or benefits (like welfare, L & I, or Social Security) | \$ _____        |
| (2) | Spouse or Significant Other's Wages                                 | \$ _____        |
| (3) | Savings account balance   | \$ _____        |
| (4) | Checking Account Balance  | \$ _____        |
| (5) | Cash on hand (wallet, purse, at home, etc)                          | \$ _____        |
| (6) | Food Coupons  | \$ _____        |
| (7) | Child Support   | \$ _____        |
|     | <b>TOTAL HOUSEHOLD INCOME:</b>                                      | <b>\$ _____</b> |

**MY EXPENSES as averaged during the last three months:**

**SUPPLY AVAILABLE DOCUMENTATION FOR THIS SECTION**

(Receipts, Bills, Letters of Reference, etc)

- |     |  |          |
|-----|--|----------|
| (1) | Rent/House Payments                      | \$ _____ |
| (2) | Food                                     | \$ _____ |
| (3) | Utilities (do not count cable, HBO, etc) | \$ _____ |
| (4) | <u>Emergency</u> Medical/Dental          | \$ _____ |
| (5) | Clothing                                 | \$ _____ |
| (6) | Court Related Fines, Fees, etc.          | \$ _____ |
| (7) | Other debts on which payments are made   | \$ _____ |

TOTAL

\$ \_\_\_\_\_

Total Family Members in Household: \_\_\_\_\_

I SPEND \$ \_\_\_\_\_ ON ALCOHOL/DRUGS PER MONTH

I SPEND \$ \_\_\_\_\_ ON TOBACCO PRODUCTS PER MONTH

I HAVE CABLE TV, INTERNET, DISH, CELL PHONE AND PAY \$ \_\_\_\_\_ PER MONTH

**Financial Review**

I HAVE THE FOLLOWING DEBTS:

<u>Person/Organization I Owe</u>	<u>Payment Agreement</u>		<u>Amount</u>	<u>Last Payment</u>
<u>Signed?</u>	<u>Owed</u>	<u>Made on</u>		
_____	YES	NO	\$ _____	_____
_____	YES	NO	\$ _____	_____
_____	YES	NO	\$ _____	_____
_____	YES	NO	\$ _____	_____
_____	YES	NO	\$ _____	_____