

STATE OF MICHIGAN 72 ND DISTRICT COURT COUNTY OF ST. CLAIR	DEFENDANT'S LISTING OF INCOME/ASSETS/LIABILITIES	FILE NO.
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Court Address: 201 McMorran Boulevard, Port Huron, MI, 48060 Telephone: (810) 985-2418

The People of the: <input type="checkbox"/> State of Michigan <input type="checkbox"/> City/Village of	<u>DEFENDANT INFORMATION:</u> Name: Address: City: State: Zip: Phone No: Date of Birth: Driver's License #:
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DEFENDANT INCOME:

Employer NAME and ADDRESS:

Length of employment: Average Pay: GROSS: \$ NET: \$
 I am paid every: WEEK; TWO WEEKS; MONTHS

OTHER **HOUSEHOLD AVERAGE INCOME PER MONTH** (state specific monthly amount):

Public Assistance: \$ VA: \$ Pension: \$
 Spouse/Significant Other: \$ Unemployment: \$ SSI: \$
 SSD: \$ Other Income (): \$

DEFENDANT MONTHLY EXPENSES:

<input type="checkbox"/> Mortgage/Rent \$	<input type="checkbox"/> Utilities \$	<input type="checkbox"/> Auto/Truck Payment \$
<input type="checkbox"/> Groceries \$	<input type="checkbox"/> Medical \$	<input type="checkbox"/> Alimony/Child Support \$
<input type="checkbox"/> Child Care \$	<input type="checkbox"/> Insurances \$	<input type="checkbox"/> Credit Card \$
<input type="checkbox"/> Credit Card \$	<input type="checkbox"/> Credit Card \$	<input type="checkbox"/> Other () \$

DEFENDANT ASSETS:

I have an ownership interest in the following: (STATE THE ASSET AND THE APPROXIMATE VALUE)

I declare under penalty of contempt of court that the asset/financial information I have provided herein is true, Correct, and complete to the best of my information, knowledge and belief.

Dated: _____ Signature: _____