

**TULARE COUNTY PROBATION DEPARTMENT
 PROBATION ACCOUNTING SERVICES
 FINANCIAL INVESTIGATION FORM**

NAME:			DOB:		CASE #	
OTHER NAMES:						
DRIVER'S LICENSE #:			EXP:			
MAILING ADDRESS:						
RESIDENCE ADDRESS:						
PHONE NUMBER:			SOCIAL SECURITY #:			
CURRENTLY WORKING?		YES	NO	FULL TIME		PART TIME
OCCUPATION:			SUPERVISOR'S NAME:			
EMPLOYER'S NAME:				PHONE NUMBER:		
EMPLOYER'S ADDRESS:						
LENGTH OF EMPLOYMENT:			EARNINGS PER MONTH:			
<u>SPOUSE'S INFORMATION</u>						
NAME:					DOB:	
OTHER NAMES:			DRIVER'S LICENSE #:		EXP:	
MAILING ADDRESS:						
CITY:			STATE:		ZIP CODE:	
RESIDENCE ADDRESS:						
CITY:			STATE:		ZIP CODE:	
PHONE NUMBER:			SOCIAL SECURITY #:			
CURRENTLY WORKING?		YES	NO	FULL TIME		PART TIME
OCCUPATION:			SUPERVISOR'S NAME:			
EMPLOYER'S NAME:						
EMPLOYER'S ADDRESS:						
CITY:		STATE:	ZIP CODE:		PHONE NUMBER:	
LENGTH OF EMPLOYMENT:			EARNINGS PER MONTH:			
<u>RELATIVES OR FRIENDS</u>						
NAME:				RELATIONSHIP:		
ADDRESS:				PHONE NUMBER:		
NAME:				RELATIONSHIP:		
ADDRESS:				PHONE NUMBER:		
<u>PERSONAL INFORMATION</u>						
NUMBER OF DEPENDANTS:					AGES:	
RENTING OR BUYING:			IF BUYING, VALUE:			
NAME OF LANDLORD OR MORTGAGE HOLDER:						
ADDRESS:				PHONE NUMBER:		
OTHER REAL ESTATE OWNED:						
CHECKING BANK/BRANCH:			ACCT #:		BALANCE:	
SAVINGS BANK/BRANCH:			ACCT #:		BALANCE:	
AUTOMOBILES OWNED (Attach copy of Driver's License):						
MAKE/MODEL:		LICENSE PLATE #:		YEAR:	VALUE:	
MAKE/MODEL:		LICENSE PLATE #:		YEAR:	VALUE:	
MAKE/MODEL:		LICENSE PLATE #:		YEAR:	VALUE:	
OTHER PROPERTY OWNED:						
DESCRIPTION:					VALUE:	
DESCRIPTION:					VALUE:	
DESCRIPTION:					VALUE:	
ESTATE OR INHERITANCE INTEREST:						
TRUST BENEFICIARY:						
MONEY OWED TO DEFENDANT:						
STOCKS OR BONDS:						
FEDERAL OR STATE INCOME TAX RETURNS FILED?:						
BANKRUPTCY EVER FILED?						
PENDING COURT ACTIONS?						
CURRENT GARNISHMENTS, PROPERTY LIENS, OR CHILD SUPPORT ORDERS?						

PROVIDE RECEIPTS

FINANCIAL INFORMATION MONTHLY INCOME NET	
Defendant's Wages:	
Spouse's Wages:	
Retirement:	
Rental Income:	
Social Security:	
Veteran's Benefits:	
Disability:	
Unemployment:	
Child Support:	
Welfare/A.F.D.C.:	
Food Stamps:	
WIC:	<input type="checkbox"/> YES <input type="checkbox"/> NO
General Relief:	
Other:	
TOTAL:	

MONTHLY EXPENSES	
Rent/Mortgage:	/
Child Support:	
Alimony:	
Food:	
Utilities:	
Clothing:	
Medical/Dental:	
Insurance: House/Car	
Other: Satellite/Cable	
Telephone:	
Cellular Phones:	
Gas/Electric;	/
Water/Sewer;	/
Gas for Work:	
Car Payments:	
Credit Cards:	
TOTAL:	

How does defendant propose to satisfy this debt?

Comments:

DECLARATION AND AUTHORIZATION

I declare under the penalty of perjury that the foregoing summary is true and correct. Furthermore, I authorize the release of any financial and/or credit information to Probation Accounting Services. I also agree to furnish on demand to Probation Accounting Services, a Social Security card, Income Tax returns, vehicle registration, property deeds, financial statements, and any other financial documents requested.

I will notify Probation Accounting Services immediately of any change in my residence or mailing address, change in my employment, and/or change in my financial situation.

_____ DATE: _____
Defendant

_____ DATE: _____
Witness