Nome	
Name	
Address	_
City	
Telephone	
IN THEFOR	DISTRICT JUVENILE COURTCOUNTY
IN THE INTEREST OF	,) DECLARATION OF INCOME
A MINOR.) AND EXPENSES
JUVENILE NO	_))
	4.1. 6.11
I solemnly swear or affirm that	the following is true:
<u>Income</u> :	

I was born on:		
☐ I have the following job(s). My employer's name and address is:	Monthly pay before deductions:	Monthly pay after deductions:
(If you do not have a job, write "None" in this space)	\$	\$
☐ I have income from sources other than employment. <i>Include such sources as rental income, money or other support.</i>	Source of Income	Monthly income, non-wage \$

□ I receive this much per month from government programs. (Include such sources as social security benefits, worker's compensation, housing, food, other living allowances, etc.)	Source of Income	Monthly income from government programs \$
□ I share a household with others, some of whom have jobs and share the cost of household expenses. The names of these household members are listed in this box: Name:	Monthly pay, before deductions, of others in household: \$ \$	Monthly pay after deductions of others in household: \$ \$

Assets:

☐ I have this much money in cash, in the bank, in stocks or bonds, and in other available sources:	\$
□ Other people or organizations owe me this much money:	\$

 \Box I own or am buying a home, land, other real property, vehicles, other personal property, or business interests as listed below.

Property (home, land, vehicles, etc.) and location	Balance owed	Value
Home		\$
Land and other real property		\$
Cars, trucks, or other vehicles		\$
Other personal property		\$
Business interests		\$

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<u>**Debt:**</u> □ I owe the following debts:

To whom owed	Amount	To whom owed	Amount
	\$		\$
	\$		\$
	\$		\$

Expenses: \Box In an average month, I spend money for the following items:

	Amount		Amount		Amount
Food	\$	Gas	\$	Child support	\$
Clothing	\$	Water	\$		
Cost of housing	\$	Telephone	\$	Education expense	\$
Transportation	\$	Uninsured medical expenses	\$	Other (list)	\$
Electricity	\$	Health insurance	\$	Other (list)	\$

Being sworn, I affirm that:

•	I have read this Declaration of Income and Expenses and the statements in it are true and
	correct to the best of my knowledge.

•	I know that an intentionally false statement could subject me to prosecution for perjury.
	
	Petitioner

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Notary Clause

	ing sworn and while understood the prece	under	roath, Petitioner stated that he or she was document, and that the contents were true.	¥
Signed on	. 20	. X		
		_	Notary Public/ Court Clerk	
			(Notary Seal)	

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