

VERMONT JUDICIAL BUREAU  
 82 RAILROAD ROW  
 PO BOX 607  
 WHITE RIVER JCT, VT 05001  
 802-295-8869  
 FINANCIAL AFFIDAVIT

VERMONT CIVIL VIOLATION COMPLAINT(S): \_\_\_\_\_

State of Vermont	Court	Unit No.	Circuit/County	Type of Case	Docket Number
Name of Applicant			Date of Birth	Social Security Number	Telephone Number (Day)
Street Address			City, State, Zip Code		Telephone Number (Evening)
Names(s) of Dependents (People you Support)		Relationship	Total Number of Dependents (including applicant)	<b>IMPORTANT</b> Do you receive welfare aid*?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income			Assets			Monthly Expenses				
	Previous 30 Days Applicant	Previous 12 Months Applicant	Real Estate Owned: Location			Phone				
Gross Income from Wages			Fair Market Value - Outstanding Mortgage(s) = Net Worth			Rent				
Business Income less Expenses			\$	\$	\$	Utilities/Fuel				
Unemployment Comp.			Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats			Food				
Child Support			Year Make/Model	Amount owed	Net Worth	Clothing				
Welfare Aid *				\$	\$	Medical				
Other Income **				\$	\$	Child Support				
<b>Total</b>	\$	\$	Cash on Hand			Insurance: Home				
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>TOTAL ANNUAL INCOME</b> \$                 </div>			Checking Account(s): Name of Bank and Account #			Health				
			\$			Savings Account: Name of Bank and Account #			Auto	
			\$			Other			Life	
			\$			Other			Loan Payments: Motor Vehicles	
* Welfare Aid could include: TANF/Reach up, SSI and General Assistance ** Other could include Disability Insurance and Social Security and any other source of Income			Other			Home Mortgage				
			Other			\$			Property Taxes	
			Other			\$			Other Expenses	
Applicants Employer: Name & Address			<b>TOTAL ASSETS</b> \$			Other				
			\$			<b>TOTAL EXPENSES</b>	\$			

I MAKE THE ABOVE ANSWERS UNDER PENALTY OF PERJURY. I FURTHER UNDERSTAND THAT THE COURT WILL USE THIS INFORMATION TO DETERMINE MY ABILITY TO SATISFY OUTSTANDING JUDGMENT DUE THE COURT.

\_\_\_\_\_  
 Defendant Signature Date

The above individual personally appeared before me and made oath to the truth of the above information.

\_\_\_\_\_  
 Signature Notary Public Date

\_\_\_\_\_  
 Printed Name of Notary Public