

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
U.S. PROBATION OFFICE
PRESENTENCE INTERVIEW FORM

THIS SECTION TO BE COMPLETED BY U.S. PROBATION OFFICE

Date of Interview: _____ Atty Present?: YES NO Interpreter: YES NO
Location: North County Santa Rita Santa Clara County Probation Office Phone interview Other _____
PTS Officer: _____ Home inspection completed: YES NO PACTS No. _____

Court Name:		CR No.:
Judge/Magistrate:	Arrest Date:	Sentencing Date:
FBI No.:	Marshal No.:	Other ID No.:
AUSA:	Defense Counsel:	
Phone:	Phone: <input type="checkbox"/> Retained <input type="checkbox"/> Appointed	

The information you provide may affect your sentence and eligibility for certain Bureau of Prison programs.

IDENTIFICATION DATA

Your Name: (List every name you have used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)

Date of Birth: Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (city and state or country):
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Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown	Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown
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Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Country of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	Immigration Status:
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No. of Dependents:	Highest Level of Education:	SSN:
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Your Legal Address: _____
(Number and Street) (Apartment)

(City) (State) (Zip)

Your Current Address: _____
(Number and Street) (Apartment)

(City) (State) (Zip)

Your E-mail Address: _____

Home Phone Number: _____

Emergency Contact Name: _____

Cell Phone Number: _____

Emergency Contact Number: _____

Work Phone Number: _____

Any Additional Phone Numbers: _____

ACCEPTANCE OF RESPONSIBILITY

- Check if you decline to comment on advice of counsel
- Check if you prefer to rely on your statement at the Change of Plea hearing
- Check if you decline to comment at this time, but will submit a written statement by _____

Do you accept responsibility for committing the offense? If so, summarize your offense. If you need additional space, utilize Page 17.

How do you feel about having committed this offense?

What impact has your behavior had on others?

What influenced you to commit this offense?

If applicable, what is your plan to make restitution?

CRIMINAL HISTORY

None (No prior arrests or convictions)

I decline to comment on advice of counsel

Report any juvenile or adult convictions, arrests, pending cases, current state or federal supervision. Include the agency of arrest, the Court you appeared in, and the disposition of the case. Note if you were represented by counsel or waived counsel representation. If on supervision, list name and phone number of supervision officer.

Describe your experience under supervision. Describe the nature of any violations during supervision. What types of programs were made available to you either while in custody or on supervision? What additional programs would have been helpful to you while on supervision?

Have you ever been a member or associate of a gang or identified by a law enforcement agency as such? If so, what gang, and what is your current status with that gang?

List any firearms/dangerous weapons that are located within the residence.

Identify all pets located within the residence.

With whom and where were you living at time of the offense? _____

Family History: Describe who raised you and where you were raised. Were your basic material needs met?

What activities were you involved in as a youth (sports, social groups, etc.)?

Describe any history of domestic abuse in your upbringing. Did any other members of your household experience such abuse?

Describe any history of sexual abuse you suffered. Did any other members of your household experience such abuse?

Describe any significant traumatic events in your childhood (a loss of a family member, etc.). How did you cope with those events?

What community or charitable organizations are you currently involved in?

How do you spend your leisure time?

What significant friendships did you have growing up? Do you maintain any of those friendships today? Provide contact information for those acquaintances.

Is your family aware of the instant offense and are they supportive of you? In what ways are they supportive of you? How often do you communicate with your family?

Indicate whether family members have significant health problems, criminal history, substance abuse, or other problems.

MARITAL STATUS

Check if you are presently single and have never been married.

Spouse or Domestic Partner and current location and phone number	Date and Place of Marriage	Date and Place of Divorce	Number of Children	Still in contact?

List your name and the name(s) of your spouse(s) exactly as they appear on your marriage certificate(s).

Describe the reasons why your previous relationships ended.

Describe your relationship with your current partner. How did you meet? Any incidences of domestic abuse? How has this offense affected your relationship?

Describe employment of current partner.

Note any criminal history, substance abuse, or mental illness of current partner.

What plans have your family made in the event that you are incarcerated?

CHILDREN

Check if you have never had any children.

Child's Name	Parent	Age	Custody (full/joint)	Current Residence

Indicate whether family members have health problems, criminal history, and/or substance abuse issues.

Describe your current relationship with your children. If applicable, describe child support, child care concerns, physical/legal custody, and visitation issues.

Describe any contact with Child Protective Services.

PHYSICAL DESCRIPTION

Height:	Weight:	Eye Color:	Hair Color:
Birthmarks/Distinguishing Marks:	Scars:	Tattoos (Are any of the tattoos gang affiliated?):	

PHYSICAL HEALTH

Check if you are healthy and have no history of health problems.

Identify all serious or chronic illnesses and/or medical conditions, hospitalizations or surgeries.

List all current prescriptions or medications. List any allergies to food or medication.

Provide physician(s) name, address, and telephone number.

MENTAL AND EMOTIONAL HEALTH

Check if you have no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental or emotional health issues, including any suicidal thoughts and attempts. Also describe the diagnosis of any problems (if known).

Describe past and present gambling addiction/problem, if applicable.

Provide the dates (year) of your participation in counseling or treatment and list the name and address of the treatment providers.

Describe any current issues in your life where you believe counseling may be of some benefit. Would you be willing to participate in counseling if made available to you?

SUBSTANCE ABUSE

Check if you do not have a history of alcohol or drug use and no history of treatment for substance abuse.

Check if you decline to comment on advice of counsel.

Describe your use of controlled substances, dates of use, frequency and amounts:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin/Opiates {i.e., Morphine (Mojo, Morf), Oxycodone (Ox, OC's, Percodan (Perks), Fentanyl (China White, Jackpot)} |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Barbiturates {i.e., Barbs, Goof Balls, Reds and Blues, Yellow Jackets, Downers} |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogens {i.e., Acid, LSD, Shrooms, Blotter, Trip, Fly} |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Inhalants {i.e., Whippets, Glue, Huffing, Poppers, Air Blast, Moon Gas} |
| <input type="checkbox"/> Amphetamine/Methamphetamine | <input type="checkbox"/> Prescription Drugs |

What is your drug of choice? What drug has caused you the most problems? How much money does your drug use cost you?

Indicate whether you previously attended outpatient or residential substance abuse treatment. Where and when? Did you successfully complete the program? Have you attended AA/NA or other 12 step programs?

Did your use of drugs/alcohol contribute to your commission of the offense? In what way?

Describe your participation in substance abuse treatment and/or drug testing while on bail:

Are you interested in receiving substance abuse treatment?

How has your use of drugs/alcohol impacted your relationships with family members, friends, and coworkers?

EDUCATION, VOCATIONAL AND OTHER SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and location of School	Dates Attended	Degree, Diploma, or Certificate Received

Can you read and write your native language? What other languages can you speak, read, and/or write?

Did you have to repeat any grades? If so, which grades?

If you left school before graduating, why?

Did you attend any special needs classes (i.e., resource instruction, special education, tutoring, etc.)?

What did you like and dislike about school?

Describe any martial arts, firearms or weapons training.

Describe any other specialized training or skill(s).

Identify your professional license(s). Where and when were they issued? When do they expire?

None

MILITARY SERVICE

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

Describe your military service, to include foreign or combat service. Where were you stationed? Describe any special training or skills acquired in the service. Describe any Court-Martial or non-judicial punishments.

EMPLOYMENT

List any Union affiliation: _____

At the time of the instant offense, were you employed? _____ For how many months? _____

Is your current employer aware of this case? ___ Yes ___ No May we contact your current employer? ___ Yes ___ No

What is your usual occupation? _____

EMPLOYMENT HISTORY

Describe your employment history for the last ten years, including periods of unemployment

Dates	Employer (name and address)	Job Title - Wages - Reason for Leaving (Part-time or Full-time)
From:	Phone No.	
To:		
From:		
To:		
From:		
To:		

From:		
To:		
From:		
To:		
From:		
To:		
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From:		
To:		

Additional Employment Notes:

How did you support yourself during periods of unemployment?

Summarize any other employment beyond 10 years.

FUTURE PLANS AND GOALS

What are your future plans regarding family, employment, treatment, education, peers, etc.?

What steps have you taken to achieve these goals?

What are the obstacles that you face?

Where do you see yourself in 5 years? 10 years?

If you are released on supervision, what can the probation office do to help you succeed?

THIS PAGE TO BE COMPLETED BY THE U.S. PROBATION OFFICE

HOME INSPECTION COMPLETED BY OFFICER

Date completed: _____ Individuals present at residence: _____

Details of home inspection:

COLLATERAL INTERVIEWS

Family member _____ Date interviewed _____

Family member _____ Date interviewed _____

Spouse/partner _____ Date interviewed _____

Employer _____ Date interviewed _____

Additional Information

AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the United States Probation Office for the _____ District of _____, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- Employment
- Education Records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- Medical Records
- Psychological and Psychiatric Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

(Authorizing Signature - Full Name)	(Full Name - Printed or Typed)	(Date)
WITNESS —	(Probation Officer)	(Date)

**CUSTOMER CONSENT AND AUTHORIZATION
FOR ACCESS TO FINANCIAL RECORDS
FOR PRESENTENCE REPORT**

I, _____, having read the explanation
(Name of Customer)
of my rights which is attached to this form, and having been convicted in the United States District Court, in accordance with 18 U.S.C. § 3663 (3), hereby authorize the

(Name and Address of Financial Institution or Credit Agency)

to disclose the following financial records:

to _____, an officer of the
(Name of Probation Officer Allowed Access)
United States District Court for the _____,
(Name of District Court)

to obtain information on assets I own or control, fully describing my financial resources to the United States probation officer for the purpose of preparing a presentence investigation report.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

(Date)

(Signature of Customer)

(Address of Customer)

(City/State/Zip Code)

**CUSTOMER CONSENT AND AUTHORIZATION
FOR ACCESS TO FINANCIAL RECORDS
FOR PRESENTENCE REPORT**

I, _____, having read the explanation
(Name of Customer)
of my rights which is attached to this form, and having been convicted in the United States District Court, in accordance with 18 U.S.C. § 3663 (3), hereby authorize the

(Name and Address of Financial Institution or Credit Agency)

to disclose the following financial records:

Credit History Report

to _____, an officer of the
(Name of Probation Officer Allowed Access)
United States District Court for the _____,
(Name of District Court)

to obtain information on assets I own or control, fully describing my financial resources to the United States probation officer for the purpose of preparing a presentence investigation report.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

(Date)

(Signature of Customer)

(Address of Customer)

(City/State/Zip Code)

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

Consent to Financial Records

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

Without Your Consent

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

Exceptions

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

Transfer of Information

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

Penalties

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name - _____

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS

BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)

	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance
Section A							

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value
Section B					

MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)

	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?
Section C								

Initials _____ Date _____

Last Name -

Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow

Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)				
	I/J S/D	Name and Address of Box or Facility Location	Box Number or Space	Contents	Fair Market Value

Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)						
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value

Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value

Section H	MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	

Last Name -

Section I

OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)

I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value

Section J

ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)

I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)

TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)

I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets

Section K

BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).

I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Initials _____ Date _____

Last Name - _____

LIABILITIES

CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)

Section A

I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment

OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)

Section B

I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment

PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)

Section C

I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance

BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)

Section D

I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663 (a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Other In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: \$ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____

Date _____