



Cumberland County Court Administration

Court Collections Unit

One Courthouse Square, Suite 308, Carlisle, PA 17013. 717.240.7340. courtcollections@cumberlandcountypa.gov

INCOME EXPENSE STATEMENT:

This form must be completed, and you must provide documentation to support all the amounts provided in this income statement.

INCOME STATEMENT OF:

Name: _____ Docket Number: CR-21-_____

You are requesting a reconsideration of your payment plan on your criminal docket because of unusual needs, fixed obligations, support obligations, medical expenses and/or other financial burdens that are inhibiting your ability to pay your court ordered costs, fines, fees, and restitution owed to the county and victims.

Please complete this packet and return with the following documents:

- Completed income expense packet
- Previous (2) months of pay stubs or proof of income (SSI, unemployment or public assistance).
- Previous (2) months bank statements
- Prior years tax return
- Copies of bills
- Any other documentation necessary for reconsideration

Income Statement (Continued)

INCOME:

Employer: _____

Address: _____

Phone: _____

Type of Work: _____

Pay Period: (weekly, biweekly, etc.): _____

Hourly Rate: \$ _____

Hours Per Week: _____

OTHER INCOME: (Fill in appropriate column)

<u>Category</u>	<u>Week</u>	<u>Month</u>	<u>Year</u>
Pension Distribution	_____	_____	_____
Social Security	_____	_____	_____
Unemployment	_____	_____	_____
Workers Comp.	_____	_____	_____
Other	_____	_____	_____
TOTAL INCOME:	\$ _____	\$ _____	\$ _____

Income Statement (Continued)

ASSETS: (Fill in Appropriate Column)

<u>Category</u>	<u>Description</u>	<u>Amount</u>
Checking Accounts	_____	_____
Savings Accounts	_____	_____
Credit Union	_____	_____
Real Estate	_____	_____
Other	_____	_____

EXPENSES: (Fill in Appropriate Column)

<u>Category</u>	<u>Amount</u>	<u>Month</u>	<u>Year</u>
Mortgage/Rent	_____	_____	_____
Utilities	_____	_____	_____
Vehicle Payment	_____	_____	_____
Insurance (car/health)	_____	_____	_____
Medical Bills	_____	_____	_____
Child Support	_____	_____	_____
Child Care	_____	_____	_____
Loans/Debts	_____	_____	_____
Credit Cards	_____	_____	_____
Other	_____	_____	_____
TOTAL EXPENSES:	\$ _____	\$ _____	\$ _____

Income Statement (Continued)

HOUSEHOLD: (Fill in Appropriate Column)

Adult: _____ Age: _____

Employed: _____

Adult: _____ Age: _____

Employed: _____

Adult: _____ Age: _____

Employed: _____

Minors: _____ Age: _____

Minors: _____ Age: _____

Minors: _____ Age: _____

REFERENCES: (Fill in Appropriate Column)

Name: _____ Phone: _____

Relationship: _____

Address: _____

Name: _____ Phone: _____

Relationship: _____

Address: _____

I verify that the statements made in this Income Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Date: _____

Signature: _____