

IN THE MUNICIPAL COURT OF ANSTED, WEST VIRGINIA

**FINANCIAL AFFIDAVIT:
PAYMENT PLAN APPLICATION**

A. Information for the Applicant:

In order to enter into a payment plan agreement with this court, to pay in full all outstanding balances you may owe, you must enroll in the clerk's office payment plan and pay an administrative fee of \$25.00. Additionally:

1. You must complete the affidavit for the court to determine the amount and number of your monthly payments as mandated by W.Va. Code § 8-10-2b.
2. You may be required to file a separate affidavit and application anytime your financial situation changes.
3. The information you give in this form will be confidential.
4. Except for signatures, all information must be clearly printed.

APPLICATION INFORMATION

Applicant Information:

| | |
|--|---|
| Defendant(s) Name <i>(First/Middle/Last)</i> | Social Security No. _____ - _____ - _____ |
| Street Address | Date of Birth: _____ / _____ / _____ |
| City, State, Zip Code | Phone Number: (____) _____ |
| | Drivers License #: _____ |

1. What is the total number of dependents, including yourself?
(Include only those persons listed on your U.S. Income tax return.)
2. Are you married? Yes No Does your spouse work? Yes No
Spouse's Yearly Income: _____

NET INCOME:

3. Current **monthly** net (take-home) income from **all** sources:
*(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments,,**minus** deductions required by law and other court-ordered payments such as child support.)*

| | | | | | |
|--------------------|-----------|----------------------|----|----------------------|----|
| Employer: | \$ | Second Job: | \$ | Self-Employment: | \$ |
| Public Assistance: | \$ | Food Stamps: | \$ | Unemployment: | \$ |
| Benefits: | \$ | Disability Benefits: | \$ | Social Security/SSI: | \$ |
| Alimony: | \$ | Pensions: | \$ | Rental Income: | \$ |
| Interest: | \$ | Dividends: | \$ | Annuities: | \$ |
| Odd Jobs: | \$ | Other: | \$ | (specify): | |
| TOTAL: | \$ | | | | |

EXPENSES:

4. Regular monthly household debt-payment and other expenses:

| | | | | | |
|-----------------------|----|----------------------|----|----------------|----|
| Mortgage/Rent: | \$ | Car Payment: | \$ | Loan Payments: | \$ |
| Credit Card Payments: | \$ | Other Debt Payments: | \$ | Utilities: | \$ |
| Cell Phone: | \$ | Food: | \$ | Child Care: | \$ |
| Child Support: | \$ | Alimony: | \$ | Medical Bills: | \$ |
| Other Expenses | \$ | (specify): | | | |

What is the total amount of these monthly expenses?

ASSETS:

5. List the value of any individually or jointly owned assets.

| | | | | | |
|-------------------------|----|------------------|----|-----------------|----|
| Cash: | \$ | Savings Account: | \$ | Boats/ATVs | \$ |
| Bank Accounts: | \$ | Stocks/Bonds: | \$ | Tax Refund Due: | \$ |
| Certificate of Deposits | \$ | Real Estate: | \$ | Money Owed you: | \$ |
| Money Market Accts. | \$ | Vehicle/s: | \$ | Medical Bills: | \$ |
| Other Assets: | \$ | (specify): | | | |

What is the total amount of these assets? \$ _____

5a. List the name of each bank/institution in which you have cash, checking/savings accounts, CD's, stocks/bonds, or money market accounts:

5b. List all cars, trucks, motorcycles, or recreational vehicles (all-terrain vehicles, motor homes, snowmobiles, boats), including their make, model, and year, that you own individually or jointly:

5c. List the county and address of all real estate (houses, lots, land, rental property, or commercial property) that you, individually or jointly, own:

By signing my name on this form, I swear to or affirm the completeness and truthfulness, to the best of my ability and knowledge, of the information I have provided.

Signature of Applicant: _____ Date: _____

Taken, subscribed, and sworn or affirmed before me, by the person whose signature appears above, on this _____ day of _____, 20_____, in _____, West Virginia.

Signature of Notary: _____

For Court Use Only

The affiant's application for a Payment Agreement (initial one) _____ granted _____ denied.

Date: _____ Signature of Clerk : _____