

**ROANOKE MUNICIPAL COURT
FINANCIAL STATEMENT FOR FINANCIAL HARDSHIP**

If you believe that you may be Indigent or cannot pay your fines/costs in full without financial hardship, and you wish to request community service or a reduction of your monthly payment, you must complete this form and submit it to the Municipal Court two days prior to your court appearance date. If a particular question does not apply to you or your situation, please write "NA." DO NOT LEAVE ANY BLANKS. FAILURE TO PROPERLY COMPLETE THIS FORM ENTIRELY AND SUBMIT IT BY THE DEADLINE MAY RESULT IN YOUR REQUEST BEING DENIED. PLEASE PRINT LEGIBLY. **PLEASE FORWARD SUPPORTING FINANCIAL DOCUMENTATION ALONG WITH YOUR REQUEST TO PROVE YOUR CURRENT SITUATION.**

Please check your primary preference: I am requesting: Community Service Reduction in Monthly Payment

Name: First _____ Middle _____ Last _____ Nickname, Maiden, AKA _____
 Age: _____ Sex: Male / Female Marital: Single / Married How many children under 18 yrs do you have? _____

Address (NOT a P.O. Box) _____ Apt# _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____
 Do you have a job: No Yes --- Employer Name/Address: _____

Length of time at this job: _____ Take Home Pay \$ _____/per week Highest level of education completed: _____

Are you a student: No Yes --- Name of School and number of hours you attend per week: _____

Spouse/Partner Information:

Name: First _____ Middle _____ Last _____ Age _____
 Does your spouse/partner have a job: No Yes --- Employer Name: _____
 Length of time at this job: _____ Take Home Pay \$ _____/per week Highest level of education completed: _____

Other Financial Information:

Do you have a bank account(s)? No Yes --- what is the total in all your bank accounts combined? \$ _____
 Do you have a credit card(s)? No Yes --- what is your current balance\$ _____
 Do you have access to a car? No Yes ---what is the make and year model? _____
 Other Income or Government Assistances: Family \$ _____ Child Support \$ _____
 Welfare \$ _____ Social Security \$ _____ Unemployment \$ _____ Disability \$ _____
 Government Housing\$ _____ Food Stamps \$ _____ CHIP \$ _____ Medicare \$ _____

Expenses:

Rent/Mtg. Payment \$ _____ Auto Payment \$ _____ Childcare \$ _____ Child Support \$ _____
 Food \$ _____ Medical Insur. \$ _____ Cell Phone \$ _____ Utilities \$ _____
 Cable/Internet \$ _____ Credit Card Mo. Payment \$ _____
 List any other pertinent information which effects your financial condition. (Attach additional sheets if necessary). _____

If approved, how much could you pay monthly to resolve your unpaid balance? \$25/mth \$50/mth \$75/mth Other _____

Acknowledgment and Declaration: Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Roanoke Municipal Court, its employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. It is with this understanding and acknowledgement that I formally request a payment plan and/or community service to satisfy the payment of fines, court costs and fees now due and payable to the Roanoke Municipal Court. I understand that failure to properly complete this form will result in my request being denied.

Defendant's Signature _____

Date _____

ILLEGIBLE REQUESTS WILL BE RETURNED

Defendant's Email Address _____

- Approved for Community Service Approved for Payment Plan
 \$ _____ Amount/Mth
 Not Eligible/Insufficient Information Indigent

Presiding Judge, Roanoke Municipal Court

Date _____