

**143RD JUDICIAL DISTRICT
COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT**

FINANCIAL STATEMENT

NAME: _____
INCOME: _____

FOR THE MONTH OF _____, 20____
EXPENSES: _____

YOUR SALARY \$ _____
YOUR SPOUSE'S SALARY \$ _____
ANY OTHER INCOME \$ _____
TOTAL INCOME \$ _____

PROBATION FEES \$ _____
RENT/HOUSE PAYMENT \$ _____
UTILITIES \$ _____
MEDICAL \$ _____
CAR \$ _____
INSURANCE \$ _____
FOOD \$ _____
HOUSEHOLD ITEMS \$ _____
DAY CARE \$ _____
CREDIT CARD PAYMENTS \$ _____
CABLE/ENTERTAINMENT \$ _____

TOTAL INCOME \$ _____
TOTAL EXPENSES \$ _____

TOTAL EXPENSES \$ _____

STATEMENT OF INABILITY TO PAY

In any month in which you are financially unable to make payments as set out by the Court, you must complete and submit to the Supervision Officer a sworn statement of inability to pay, giving full explanation for failure to pay along with a full financial statement in accordance with State Law which sets the burden of proof for failure to make court-ordered payments upon the Defendant.

I state upon my oath that the above statements are true and correct. I also understand that any false statement sworn to herein could be grounds for revocation of my community supervision.

REASON FOR FAILURE TO PAY: _____

DATE: _____ SIGNATURE: _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____.

NOTARY PUBLIC _____
My commission expires: _____