

Bowling Green Municipal Court
Probation Department
Alcohol Monitoring Program
Financial Disclosure

Case Number

Personal Information

First Name		Last Name			
Mailing Address					
City	State	Zip Code	State	Zip Code	

Other Persons Living in Household

Name	DOB	Relationship	Name	DOB	Relationship
1)			3)		
2)			4)		

Please mark the appropriate boxes with an "X"

Ohio Works First / TANF: <input type="checkbox"/>	SSI: <input type="checkbox"/>	Medicaid: <input type="checkbox"/>	Poverty Related Veterans' Benefits: <input type="checkbox"/>	Food Stamps: <input type="checkbox"/>
Refugee Settlement Benefits: <input type="checkbox"/>	Incarcerated in state penitentiary: <input type="checkbox"/>	Committed to a Public Mental Health Facility: <input type="checkbox"/>		
Other (please describe):				

Income and Employer

	Applicant	Spouse <small>(do not include spouse's income if spouse is alleged victim)</small>		Total Income <small>(Monthly)</small>
Hourly Rate of Pay				
Unemployment Worker's Compensation, Child Support, Other Types of Income				
			Total Income	\$
Employer's Name			Employer's Phone Number	
Employer's Address:				

Liquid Assets

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

Monthly Expenses

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone / Cell Phone	
Child Care (if working only)		Transportation / Fuel	
Insurance (medical, dental, auto, etc.)		Taxes Withheld or Owed	
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Card, Other Loans	
Rent / Mortgage		Utilities (Gas, Electric, Water, Sewer, Trash)	
Food		Other (specify)	
Expenses	\$	Expenses	\$

Affidavit of Indigency

I, _____, Applicant being duly sworn, state:

1. I am financially unable to without substantial hardship to me or my family.
2. I understand that I must inform the BGMC Probation Department if my financial situation should change while on EHM / SCRAM.
3. I understand that if it determined by the BGMC, I may be required to reimburse for the costs of EHM / SCRAM.
4. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Affiant's Signature

Date

Notary Public / Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____, at _____, County of _____, State of Ohio.

Signature of person administering oath

Title (example: Notary, Deputy Clerk of Courts, etc.)

Judge Certification

I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit for the following reason: _____.
I have determined that the party represented meets the criteria for receiving court-appointed counsel.

Judge's Signature

Date

Length of SCRAM Sentence: _____

Monthly Income: _____

Monthly Expenses: _____

Client Pay: _____

Court Pay: _____