

FINANCIAL QUESTIONNAIRE
Chenango County Public Defender Program

NOTE: Every question in application must be answered. Please print legibly.
If there are any unanswered questions the application will not be accepted.
False answers to this questionnaire may subject you to prosecution for perjury.

PETITIONER: _____ RESPONDENT: _____

In the Matter of a Proceeding for _____

DOCKET #: _____ FAMILY COURT - COURT DATE: _____ COURT TIME: _____

Applicant's full name _____ Male _____ Female _____

Applicant's address _____

Applicant's mailing address _____ Zip Code _____

Social Security # _____ Age _____ Phone # _____

Are you self employed _____ Business address _____ Phone # _____

Nature of business _____ Earnings to date _____

Are you presently employed _____ Place of employment _____

Earnings to date _____ Gross weekly salary \$ _____ Net weekly salary _____

If not presently employed, where were you last employed _____

Dates of last employment _____ Salary \$ _____

Do you have a savings or checking account _____ Bank _____

Checking account balance \$ _____ Savings account balance \$ _____

Do you own a vehicle _____ Year _____ Make _____ Balance owed \$ _____

Describe any other vehicles, motorcycles, snowmobiles, etc. you own _____

Do you own your own home _____ Purchase price \$ _____ Year purchased _____

Balance on mortgage \$ _____ List other properties you own: _____

Do you receive public assistance _____ Public assistance # _____

Unemployment benefits currently receiving \$ _____ S.S. benefits currently receiving \$ _____

Do you have any other income or monies coming in from stocks, bonds, debts owed to you by another, inheritances, or any other source? If so, please describe _____

Marital status _____ Spouse's name _____ Spouse's occupation: _____

Spouse's place of employment _____ Weekly earnings \$ _____

Total number of people residing in your household and their relationship to you: _____

Parent(s) of applicant _____ Address _____

Parent(s) phone # _____ Parent(s) income \$ _____ Parent(s) occupation: _____

Are you the sole support for your family _____

I AFFIRM THE ABOVE ANSWERS TO BE TRUE AND COMPLETE UNDER THE PENALTY OF PERJURY

Signature of Applicant

Sworn to before me this _____ day of _____, 19 _____

Notary Public

NOTICE: If your employment status or income changes, you must notify this office immediately.