

CITY OF BELOIT,

Plaintiff,

vs.

FINANCIAL DISCLOSURE STATEMENT

CITATION NUMBER(S): \_\_\_\_\_

\_\_\_\_\_  
Defendant.

**INSTRUCTIONS:** The entire form must be completed. If a particular section is not applicable to you, please indicate by writing "N/A". All spaces must be completed. The form must be signed in front of a notary public. The form must be completed and returned to the Court no later than one week before your court date or as otherwise ordered by the Municipal Court.

**1. PROOF OF INCOME:**

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

**2. GENERAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you employed?  Yes  No      If not, are you looking for employment?  Yes  No

If you are not looking for employment, explain why: \_\_\_\_\_

If you are employed, please provide the following:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I work \_\_\_\_\_ hours per week. I am paid \$ \_\_\_\_\_ per hour.

Do you currently have a signed payment agreement with the Municipal Court?  Yes  No

Marital Status:  Married  Unmarried  Separated

If you are married or live with a significant other, please provide the following:

Name of Spouse/Live-In: First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is Your Spouse/Live-In Employed?  Yes  No

Name of Spouse/Live-In's Employer/Business: \_\_\_\_\_

Address of Spouse/Live-In's Employer/Business: \_\_\_\_\_

My Spouse/Live-In works \_\_\_\_\_ hours per week and is paid \$ \_\_\_\_\_ per hour.

Does your Spouse/Live-In currently have a signed payment agreement with the Municipal Court?  Yes  No

**3. MEMBERS OF YOUR HOUSEHOLD:** Enter the name, date of birth, and relationship of all people living in your household. Check Yes or No to identify if they contribute to payment of household expenses.

	Full Name (First, Middle Initial, Last Name)	Age	Relationship	Does this person help pay expenses?	
				Yes	No
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>

**4. ASSETS:**

Do you own or rent your primary residence?  Own  Rent

Do you own any real estate, other than your primary residence?  Yes  No

If yes, list properties below: (use additional sheets if necessary)

STREET NUMBER AND NAME	CITY	STATE	ZIP
STREET NUMBER AND NAME	CITY	STATE	ZIP

Do you own a motor vehicle(s)?  Yes  No If yes, how many do you own? \_\_\_\_\_

If yes, describe each vehicle owned: \_\_\_\_\_  
 (year, make, model, mileage)

\_\_\_\_\_

(year, make, model, mileage)

5. **MONTHLY INCOME:** Income from wages/salary is received (check one): To calculate monthly gross income, use the multiplier shown:

weekly – multiply weekly income by 4.3

every other week (bi-weekly) – multiply bi-weekly income by 2.15

monthly

twice a month (semi-monthly) – multiply semi-monthly income by 2

<b>MONTHLY GROSS INCOME</b>		<b>Amount per Month</b>
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (use correct multiplier above)	\$
2.	Pension and retirement funds received	\$
3.	Social Security benefits received	\$
4.	Disability and Unemployment benefits received	\$
5.	Public Assistance Funds received	\$
6.	Interest and Dividends received	\$
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	\$
8.	Rental Payments received (from property you rent to others)	\$
9.	Bonuses received	\$
10.	Other sources of income received: (please specify on lines 11 and 12)	\$
11.		\$
12.		\$
13.	<b>TOTAL GROSS INCOME (add lines 1-12)</b>	<b>\$</b>
<b>MONTHLY PAYROLL DEDUCTIONS</b>		
14.	Number of Tax Exemptions Claimed: <input type="text"/>	
15.	Monthly federal income tax withheld	\$
16.	Monthly state income tax withheld	\$
17.	Social Security	\$
18.	Medicare	\$
19.	Medical Insurance	\$
20.	Other insurances	\$
21.	Union or other dues	\$
22.	Retirement or pension fund	\$
23.	Savings Plan	\$
24.	Credit Union	\$
25.	Child Support or spousal support payments (payroll deduction only, if child or spousal support are not deducted from your paycheck, enter the number on page 3)	\$
26.	Other deductions: (please specify on line 27)	\$
27.		\$
28.	<b>TOTAL MONTHLY DEDUCTIONS (add lines 15-27)</b>	<b>\$</b>
29.		
30.	<b>MONTHLY NET INCOME (subtract line 28 from 13)</b>	<b>\$</b>

6. ANTICIPATED MONTHLY EXPENSES.

MY MONTHLY EXPENSES		Amount per Month
1.	Rent or Mortgage payment (primary residence)	\$
2.	Real Estate Property taxes (residence)	\$
3.	Repairs and Maintenance	\$
4.	Food	\$
5.	Personal care expenses	\$
6.	Electric and Heat Utility	\$
7.	Water and Sewer Utility	\$
8.	Telephone	\$
9.	Cellular Telephone	\$
10.	Cable/Satellite Television Service	\$
11.	Internet Service	\$
12.	Laundry/Dry Cleaning	\$
13.	Clothes/Shoes	\$
14.	Medical, dental, prescription drug expenses (not covered by insurance)	\$
15.	Childcare (babysitting and day care)	\$
16.	Child support or spousal payments (exclude payments made through payroll deduction on page 2)	\$
17.	School expenses (child and adult education)	\$
18.	Entertainment (include clubs, social obligations, travel, recreation)	\$
19.	Incidentals (include tobacco, alcohol, gifts, holidays and special occasions)	\$
20.	Transportation (other than automobile)	\$
21.	Automobile expenses (gas, oil, repairs, maintenance)	\$
22.	Newspapers, magazines, books	\$
23.	Care and maintenance of pets (food, vet, grooming)	\$
24.	Hobbies	\$
25.	Insurance (health, life, dental)	\$
26.	Others: (please specify on lines 26-28)	\$
27.		\$
28.		\$
29.		
30.	<b>TOTAL MONTHLY EXPENSES (add lines 1-28)</b>	<b>\$</b>

**7. OTHER DEBTS:** List all debts that you owe individually or together with your spouse or other person. Do not list any debt that is listed under #6 of this document.

Name of Creditor		Type of Obligation (credit card, automobile loan, personal loan, school loan)	Monthly Payment	Total Current Balance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.		<b>TOTAL DEBTS (add lines 1-8)</b>	\$	\$

**8. NET INCOME:**

<b>NET INCOME</b>	
<b>TOTAL INCOME</b> (from line 30 in section 5)	\$
<b>TOTAL EXPENSES</b> (add totals from line 30 in section 5 and line 10 in 'monthly payment' column from section 7)	\$
<b>NET INCOME</b> (subtract Total Expenses from Total Income)	\$

**9. DECLARATION:**

**I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE, INCLUDING ALL ATTACHMENTS, IS TRUE AND CORRECT AS OF THE DATE SIGNED BELOW.**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

STATE OF WISCONSIN )  
  )SS  
COUNTY OF ROCK    )

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, Rock County, Wisconsin  
My commission is permanent. If not, please  
state expiration date: \_\_\_\_\_

Beloit City Hall, Municipal Court, 2<sup>nd</sup> floor   ▪ 100 State Street, Beloit, WI 53511  
Telephone (608) 364-6613   ▪ Facsimile (608) 364-6642