

**AFFIDAVIT AND**  
**DEFENDANT'S FINANCIAL STATEMENT**

Gratiot County 65B District Court  
245 E. Newark Street  
Ithaca, MI 48847  
(989) 875-5240

**NON-PUBLIC RECORD**

Thoroughly and legibly complete this Affidavit and Defendant's Financial Statement.

**Do not leave any blanks.** If an item does not pertain to you, fill in "N/A" for not applicable.

**WARNING:** It is a felony to intentionally submit false information to a Court. The maximum penalty is 15 years in prison. MCL 750.423

<b>DEFENDANT</b>				
NAME: (First, Middle, Last)			Maiden Name:	
Social Security No.:	Date of Birth:	Age:	Student:	College/University:
Current Address:			How Long? _____	
Previous Address:			How Long? _____	
Permanent Mailing Address: <b>(If student, list parent's name/address/telephone number)</b>				
Home Phone:	Cell Phone:	Work Phone:	Email:	
Driver's License No.:	State:	Expiration Date:	Marital Status: Single___ Married___ Divorced___ Widow(er)___ Separated___	
No. of Dependents: Spouse:___ Children (ages):_____ Other (Relationship):_____				
Employer: <b>(Name and Address)</b>		Supervisor's Name:	Phone No.:	
How Long Employed:	Your Title:	Hours per Week:	Hourly Rate:	

MONTHLY INCOME RECEIVED		MONTHLY EXPENSES PAID	
Net Take-Home Pay (Self)	\$ _____	Mortgage/Rent	\$ _____
Net Take-Home Pay (Spouse)	\$ _____	Utilities	
Unemployment	\$ _____	Electric _____	
Worker's Compensation	\$ _____	Gas _____	
Welfare Benefits (Cash and/or food assistance)	\$ _____	Phone _____	
Social Security	\$ _____	Water _____	
Retirement/Pension	\$ _____	TOTAL:	\$ _____
Child Support	\$ _____	Vehicle Loan	\$ _____
Alimony/Maintenance	\$ _____	Vehicle Insurance	\$ _____
Disability	\$ _____	Life/Health Insurance	\$ _____
Veteran's Benefits	\$ _____	Credit Cards	\$ _____
Parents (If providing financial support)	\$ _____	Loans (Personal, student, bank)	\$ _____
Accident Benefits	\$ _____	Medical	\$ _____
Allotment Checks	\$ _____	Child Care	\$ _____
Interest Income	\$ _____	Child Support	\$ _____
Dividends	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____		
<b>Total Monthly Household Income</b>	<b>\$ _____</b>	<b>Total Monthly Household Expenses</b>	<b>\$ _____</b>

**ASSETS**

Vehicle #1 (Make and Model): \_\_\_\_\_ VIN \_\_\_\_\_

Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Present Value \$ \_\_\_\_\_

Vehicle #2 (Make and Model): \_\_\_\_\_ VIN \_\_\_\_\_

Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Present Value \$ \_\_\_\_\_

Bank Accounts: (Name, Address and Phone No. of Institution)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Investment Accounts (Name of IRA, stocks, bonds, profit sharing, pension program, 401K, etc.)

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Personal assets, such as: real estate, boats, motorcycles, snowmobiles, jewelry, etc. (Describe)

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

**REFERENCES:**

Full name and address of nearest relative not living with you:

\_\_\_\_\_  
Name Street Address, City, State, Zip Relationship Phone No.

\_\_\_\_\_  
Name Street Address, City, State, Zip Relationship Phone No.

\_\_\_\_\_  
Name Street Address, City, State, Zip Relationship Phone No.

**All reported employment, income, and expenses MUST have supporting documentation for verification. Failure to provide documents for verification will be considered an incomplete Affidavit.**

Include copies of the following supporting documents for verification of employment, income, and expenses:

- Paystubs
- W-2s and/or 1099s
- Bank statements
- Mortgage statement
- Lease or rental agreement
- Utility bills (Electric, Gas, Water, Phone)
- Credit card statements
- Loan statements (Vehicle, Personal, Student, Bank)
- Proof of insurance (Vehicle, Life, Health)
- Medical care
- Child care
- Child support
- Any other information reported above

***I swear (affirm) under the penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information needed by the Court.***

***It is further understood that if granted a payment plan, I will enroll in the Court's electronic notification system for payment reminders if directed by the Collections Manager. This will require a telephone number and an ability to receive texts and/or voice messages.***

**Dated: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_**

***Note: All documents may be submitted via fax to 989-875-5383, email to [OCS@gratiotmi.com](mailto:OCS@gratiotmi.com), or in-person to the Collections Office.***