Name	
Address	
City, State, Zip	<u> </u>
Phone	<u> </u>
Email	
In the [] District	[] Justice Court of Utah
Judicial Dist	strict County
Court Address	
	Financial Declaration for Restitution
Prosecutorial Jurisdiction	
V.	Case Number
Defendant	Judge
The following information is true, and I hat financial status.	ave omitted nothing that is relevant to my
(1) Employment	
[] I am unemployed because:	

I am employed by: (Include self-employment.)

Name of Employer		Doing Business As (DBA)		Address & Telephone Number		ne Number	
(2)	Dependents	(Include s	pouse, children or	other d	ependents in yo	ur household	d.)
	[] The follow	ing peop	le depend on m	ne for	support.		
			Relationship				Relationship
	Name	Age	to Me		Name	Age	to Me
(3)	Gross Month	ly Incor	ne (Income before	e tax de	ductions)		
` ,	[]I have no i	•	,		,		
	[]a.ee .						
		fallowing	r monthly incom	201 /D:			. Is access to also
			g monthly incom urt, you must be a				
	most recent pay	stubs, fed	eral and state tax	returns	, W-2 forms, or a	work histor	y report from the

Department of Workforce Services. For income that changes from month to month, calculate the

Source of Income	Monthly Amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental Income	\$
Business Income	\$
Interest and Dividends	\$
Retirement Income (Including pensions, 401(k), IRA, etc.)	\$
Worker's Compensation	\$

annual total and divide by 12 months to list a monthly average.)

Source of Income	Monthly Amount
Private Disability Insurance	\$
Social Security Disability Income (SSDI)	\$
Supplemental Security Income (SSI)	\$
Social Security (Do not include SSDI or SSI)	\$
Unemployment Benefits	\$
Education Benefits	\$
Veteran's Benefits	\$
Alimony	\$
Child Support	\$
Payments from Civil Litigation	\$
Victim Restitution	\$
Public Assistance (Including AFDC, welfare, etc.)	\$
Support from household members	\$
Support from non-household members	\$
Trust Income	\$
Annuity Income	\$
Other (Describe)	\$
Other (Describe)	\$
Total	\$

(4) Monthly Tax Deductions

[] I have the following deductions from my income: (These are deductions required by law which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (6). If directed to do so by the court, you must be able to produce evidence of the items listed, such as most recent pay stubs, federal and state tax returns, W-2 forms, or a work history report from the Department of Workforce Services.)

Type of Deduction	Amount
Federal Income Tax	\$
State Income Tax	\$
Municipal Income Tax	\$
FICA	\$
Medicare	\$
Total	\$

(5)	Disposable Monthly Income
	[] I have no income.
	[] My disposable monthly income is:
\$	Gross Monthly Income from (3)
- \$	Minus Monthly Tax Deductions from (4)
=\$	Equals Disposable Monthly Income

Monthly Expenses (Include amounts withheld from your paycheck other than tax deductions reported in Paragraph (4). For expenses that change from month to month, calculate the annual total and divide by 12 to list a monthly average. Include amounts you pay for yourself and any spouse, children or other dependents in your household. If directed to do so by the court, you must be able to produce evidence of the items listed.)

[] I am personally paying the following monthly expenses:

Monthly Expense	Amount
Rent or mortgage	\$
Food and Household Supplies	\$
Clothing	\$
Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)	\$
Utilities (Such as electricity, gas, water, sewer, garbage)	\$
Telephone	\$
Credit Card Payments	\$
Loans and Other Debt Payments	\$
Alimony	\$
Child Support	\$
Child Care	\$
Education	\$
Health Care Insurance	\$
Health Care Expenses (Excluding insurance listed above)	\$
Business Expenses	\$
Real Property Taxes	\$
Real Property Insurance	\$
Real Property Maintenance	\$
Other Insurance (Describe)	\$
Entertainment	\$

Monthly Expense	Amount
Laundry and Dry Cleaning	\$
Donations	\$
Gifts	\$
Health Insurance Premiums	\$
Life Insurance Premiums	\$
Union and other dues	\$
Garnishment or Income Withholding Order	\$
Retirement Deposits (Including pensions, 401(k), IRA, etc.)	\$
Restitution ordered in other cases	\$
Other (Describe)	\$
Total	\$

Financial Assets You Own (If directed to do so by the court, you must be able to produce evidence of the items listed.) **(7)**

_	Holder	Co-owner	
Asset	(Name & Address)	(Name & Address)	Current Value
Bank or Credit Union Account			\$
Bank or Credit Union Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Money Owed to You			\$
Cash			\$
Other (Describe)			
			\$
		Total	

(8) Real Property You Own (If directed to do so by the court, you must be able to produce evidence of the items listed, such as mortgage statements, tax appraisal, etc.)

Address			
		\$	\$
Date Acquired	In Whose Name?	Original Cost	Current Value
		\$	\$
First Mortgage or Lien Holder	(Name & Address)	Amount Owed	Monthly Payments
		\$	\$
Second Mortgage or Lien Hol	der (Name & Address)	Amount Owed	Monthly Payments

(9) Personal Property You Own. If directed to do so by the court, you must be able to produce evidence of the items listed.)

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	Current Value	Amount Owed	Monthly Payments
Vehicle (Year, Make, Model)				
		\$	\$	\$
Vehicle (Year, Make, Model)				
		\$	\$	\$
Intellectual property			<u> </u>	<u> </u>
Precious metals or gems		\$	\$	\$
Treclous metals of genis				
		\$	\$	\$
Jewelry with a value of				
\$1,000 or more		\$	\$	\$
Other personal property		Ψ	Ψ	Ψ
with a value of \$1,000 or				
more (Describe)				
		\$	\$	\$
	Total	\$	\$	\$

(10)	Credit Available (If directed to do so by the court, you must be able to produce evidence of
	the items listed.)

Credit Card	Bank or Credit Union	Credit Limit Credit Available		
		\$	\$	
		\$	\$	
		\$	\$	
	Total	\$	\$	

(11) **Debts You Owe** (Do not include amounts you owe on property reported in Paragraphs (8) and (9). If directed to do so by the court, you must be able to produce evidence of the items listed, such as credit card statements, loan documents, leases, bills, etc.)

Debt Owed To (Name & Address of Creditor)	Purpose of Debt (Such as credit card, cash loan, installment payment, etc.)	In Whose Name?	Amount Owed	Monthly Payments
			\$	\$
			¢	¢.
		Total	\$	\$

(12)	Other [] The following facts also are relevant to my ability to pay restitution.				
false s	re under criminal penalty under the law of Utah that everything stated in this document is true. A tatement made in this financial declaration form is punishable as a third-degree felony under Utah Section 76-8-504.				
Signed	l at (city, and state or country).				
	Signature ▶				
Date					
	Printed Name				