

BRYAN MUNICIPAL COURT WILLIAMS COUNTY, OHIO

**FINANCIAL STATUS REPORT**

CASE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MARITAL STATUS:** ( ) SINGLE ( ) MARRIED – **NAME OF SPOUSE** \_\_\_\_\_

**HIS/HER EMPLOYER:** \_\_\_\_\_

**HIS/HER INCOME:** \_\_\_\_\_ **Circle One: Weekly/Bi-Weekly/Monthly**

**DEPENDANTS:** ( ) NONE OR

\_\_\_\_\_ AGE \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ AGE \_\_\_\_\_

**YOUR EMPLOYMENT:** ( ) NOT EMPLOYED OR ( ) SSI/SSD \$ \_\_\_\_\_ OR

**EMPLOYER:** \_\_\_\_\_

**WAGES \$** \_\_\_\_\_ **NUMBER OF HOURS WORKED WEEKLY** \_\_\_\_\_

**LIABILITIES:**

Housing: ( ) Rent ( ) Own Monthly Payment \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Household Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Creditors/Loan Payments: \_\_\_\_\_ \$ \_\_\_\_\_

Payments to OTHER courts? Yes/No Court: \_\_\_\_\_ \$ \_\_\_\_\_

**ASSETS:**

Bank Accounts:

( ) Savings ( ) None Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_

( ) Checking ( ) None Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_

Vehicles: ( ) None Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

Motorcycles: ( ) None Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

**OTHER ASSETS:**

Personal Property (electronics, etc...)

\_\_\_\_\_ Value \$ \_\_\_\_\_, \_\_\_\_\_ Value \$ \_\_\_\_\_,

\_\_\_\_\_ Value \$ \_\_\_\_\_, \_\_\_\_\_ Value \$ \_\_\_\_\_,

**I am applying for:** ( ) Public Defender/Court-Appt. Counsel OR

( ) Assistance with Costs of an Ignition Interlock Device

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

Defendant's request for assigned counsel is:

( ) Granted ( ) Denied

\_\_\_\_\_ Defendant must reimburse Court for  
appointed counsel fees.

**Application Fee:**

( ) Assessed (PDF) ( ) Waived (PDW)

\* Defendant's request for assistance from

\* Interlock/Alcohol Monitoring Fund is:

\* ( ) Granted ( ) Denied

\*

\* **Funds shall pay for** \_\_\_\_\_

\*

\_\_\_\_\_  
Judge