



Commonwealth of Pennsylvania

First Judicial District of Pennsylvania

Office of Court Compliance, Room 370 City Hall, Philadelphia, PA 19107

FINANCIAL INFORMATION FORM

OCC - Payment Plan

For Official Use Only - Bar Code

Bring or send copies of your Tax Return(s), W-2s, current pay-stubs, and bank statements for review at the Payment Plan Conference

Date: Time: No.

vs.

P. I. D. #: _____

First Name Middle Last Name

ADDRESS _____

City State Zip

Date of Birth: Home Phone No. Cell Phone No.

ARE YOU EMPLOYED? Length of Employment Position:

Name of Employer _____

Address of Employer _____

City State Zip

ARE YOU: Single Married. Name of Spouse: Children:

YOUR GROSS INCOME: (Attach Pay-Stubs)

Weekly \$ Bi-Weekly \$ Monthly \$ Hourly \$

GROSS INCOME RECEIVED BY YOUR SPOUSE: (Attach Pay-Stub)

Weekly \$ Bi-Weekly \$ Monthly \$ Hourly \$ No Income

LIST BENEFITS YOU AND YOUR SPOUSE, IF MARRIED, RECEIVE:

Table with 3 columns: TYPE OF BENEFIT, YOU, YOUR SPOUSE. Rows include Unemployment Compensation, Workers' Compensation, Social Security/Social Security Disability, Food Stamps, Cash Assistance, Pension & Annuities, Cash Income/Other benefits, Value of Bank Accounts/Stocks/Bonds, Value of Home/Balance of Mortgage, Value of Motor vehicle, Value of Other Assets (Identify).

I/WE HAVE NO INCOME. LAST EMPLOYED: _____

LIST YOUR MONTHLY EXPENSES (IF MARRIED, INCLUDE YOUR SPOUSE'S EXPENSES)

MORTGAGE/RENT: LOANS UTILITIES: _____

HEALTH INSURANCE UNINSURED HEALTH CARE TRANSPORTATION /CAR PAYMENT: _____

DEPENDENT CARE SPOUSAL/CHILD SUPPORT FOOD CABLE: CELL PHONE: _____

OTHER: _____

DO YOU HAVE ANY OTHER COURT-ORDERED PAYMENT PLAN(S)?

No Yes: _____

Case Number(s) and/or Payment Plan Number(s) and Monthly Payment Amount

I verify that the information given above is true and correct. I understand that false statements herein are subject to the penalties of the Pennsylvania Crimes Code, 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature: Date: _____