# FIRST JUDICIAL COURT OF THE STATE OF NEVADA
## FINANCIAL DECLARATION

| | |
|---|---|
| Case #: | Date: |
| Name: | Employer: |
| Address: City: State: Zip: | |
| Home Phone #: | Cell Phone#: |
| Birthdate: | Spouse's Name: |

I, _____, am the defendant in the above entitled action. My monthly income, assets, property, monthly expenses and debts are reported below:

| MONTHLY INCOME | AMOUNT | ASSETS | AMOUNT |
|---|---|---|---|
| Household Take Home Pay: | | Cash: | |
| Other Household Income Each Month: | | Checking, Savings, Credit Union: | |
| Income Source: | | Other: | |
| TOTAL MONTHLY INCOME: | | TOTAL VALUE OF ASSETS: | |

| PROPERTY | TYPE/ADDRESS | EQUITY/VALUE | BALANCE OWED |
|---|---|---|---|
| Home: | | | |
| Automobiles: | | | |
| Other Vehicles: | | | |
| Jewelry: | | | |
| Other: | | | |
| | | | |

| MONTHLY EXPENSES | AMOUNT | MONTHLY EXPENSES | AMOUNT |
|---|---|---|---|
| Rent or Mortgage Payment: | | School, Child Care: | |
| Food and Household Supplies: | | Child, Spousal Support: | |
| Utilities and Phone: | | Transportation/Auto Expenses: | |
| Medical and Dental Payments: | | Other (*Itemized Below) | |
| TOTAL | | TOTAL | |

| INSTALLMENT PAYMENTS/CREDITOR NAME | MONTHLY PAYMENT | BALANCE OWED |
|---|---|---|
| | | |
| | | |
| | | |
| TOTAL PAYMENTS | | |

The following persons other than myself depend, in whole or in part, on me or my spouse for support:

| NAME | ADDRESS | RELATIONSHIP | AGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

I understand that the Court will make a determination of my present ability to pay all or part of fines and fees related to my case; that the Court may order me to pay such fines and fees; and that the Court may look at this Financial Declaration when deciding the request I have made to the Court.

**I DECLARE UNDER PENALTY OF PERJURY** that the information provided on this form is true and correct.

_____ _____ _____

(Print Name) (Signature of Declarant) Date