

ABILITY TO PAY EVALUATION

Commonwealth of Pennsylvania

No. CP-____-____-____-____

v.

Defendant

Section I: Other Case Information

Other case docket numbers where the defendant owes money, if any:
Active payment plan number(s), if known:

Section II: Identification and Employment

Name - Last, First, Middle	Date of Birth	Spouse Full Name (if married)	
Home Address	City	State	Zip
Telephone Number	Number of People in House/ Number Working		
Employer	Occupation / Date Hired	Supervisor Name and Telephone Number	
Employer Address	City	State	Zip

If unemployed: Are you actively searching for employment? YES / NO
 Do you have a disability preventing employment? YES / NO
 If yes, please provide a doctor's note explaining the work restrictions.
 Date expected to be able to return to work: _____

Section III: Monthly Income

Monthly Income (take-home income)	\$
Dates of Last Employment if Unemployed	
Spouse's Income	\$
Interest/Dividends	\$
Pension/Annuity	\$
Social Security Benefits	\$
Disability Benefits	\$
Unemployment Compensation	\$
Welfare/TANF/V.A. Benefits	\$
Worker's Compensation	\$
Other Income	\$
Support from other sources (parents, children, etc.)	\$
Other Household Income (e.g. trust fund, estate payments) Specify Source:	\$
TOTAL MONTHLY INCOME	\$

Section IV: Monthly Expenses

Rent/Mortgage	\$
Utilities (Gas, Electric, Water)	\$
Television/Internet	\$
Food (amount beyond what food stamps cover)	\$
Clothing	\$
Telephone	\$
Healthcare	\$
Other Loan Payments	\$
Credit Card Payments	\$
Education Tuition	\$
Transportation Expenses (car payment, insurance, transit pass, etc.)	\$
Payments to courts/probation/parole	\$
Number of Dependents (e.g. children)	
Dependent Care (including child support)	\$
Other Expenses (explain)	\$
TOTAL MONTHLY EXPENSES	\$

Section V: Liquid Assets

Cash on Hand	\$
Money in Bank Accounts (checking and savings)	\$
Certificates of Deposit	\$
Stocks, Bonds, and Mutual Funds	\$

Department Use Only

MONTHLY INCOME: \$ _____

MONTHLY EXPENSES: \$ _____

DISPOSABLE INCOME: \$ _____
 (Income left over after expenses each month)

I swear or affirm that the statements made in this ability to pay evaluation are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Signature: _____

Date: _____