

Worksheet for Determining Ability to Pay LFOs

[Ex. A]

WORKSHEET FOR DETERMINING ABILITY TO PAY LEGAL FINANCIAL OBLIGATIONS (LFOs)

NAME: _____ CASE NO. _____

INCOME

Approximate Monthly Amount

Your take-home pay: \$ _____

Occupation: _____

Employer's name and phone number: _____

How long worked there: _____

Spouse/partner's monthly take-home wages/salary: \$ _____

Monthly amount received from public assistance programs \$ _____

Check all that apply:

Basic Food (SNAP) SSI Medicaid Pregnant Women Assistance Benefits Poverty-Related Veterans' Benefits Temporary Assistance for Needy Families Refugee Settlement Benefits Aged, Blind or Disabled Assistance Program Other: _____

Other sources of income (e.g. spousal maintenance, family member living in your home and contributing to living expenses, dividends, etc.): \$ _____

APPROXIMATE TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES AND DEBTS

Approximate Monthly Amount

Wage garnishments taken from your paycheck: \$ _____

Rent/mortgage: \$ _____

Utilities (electricity, water, garbage, telephone, etc.): \$ _____

Food/household supplies: \$ _____

Transportation: \$ _____

Health care (out-of-pocket costs, prescriptions, insurance, debt payments) \$ _____

Child support, spousal maintenance, and loan payments: \$ _____

Court-ordered restitution – monthly payment amount: \$ _____

Credit cards, personal loans, and other debt payments: \$ _____

Other basic living costs (clothing, child care, insurance, etc.) \$ _____

Describe: _____ \$ _____

APPROXIMATE TOTAL MONTHLY EXPENSES: A. \$ _____

Total of other outstanding debt not identified above
(Examples: late child support and medical care payments):
_____ B. \$ _____

Total of outstanding court fines, penalties and costs
(legal financial obligations (LFOs)), including other cases: C. \$ _____

APPROXIMATE TOTAL CURRENT DEBT (A.+B.+C.): \$ _____

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PERSONAL INFORMATION

How long do you believe you will be jailed for this and any other current cases?: _____

Other than yourself, how many people do you financially support? _____.

Age(s): _____

Highest grade level of education _____ Do you have any vocational training or a college degree? If yes please state your specialty: _____

Have you had a mental health diagnosis? yes no

If yes, please describe. _____

Please provide your public defender with a letter from your doctor about your mental health if you can.

Have your mental health issues made it harder for you to get a job? Please explain

Do you have any serious physical disabilities that make it harder for you to get a job? If so, please explain. _____

Please list your jobs and approximate monthly pay over the past three years:

How might this conviction affect your ability to get a job? Please describe. _____

Please describe how the payment of fines and fees may be a hardship on your immediate family (include any information regarding housing, employment, child care, transportation, and anything else you want the court to know): _____

Are you able to speak English fluently? _____

Checklist for what you should bring to court or give to your public defender (in cases assigned to public defender):

- Proof of SSI or public assistance
- Paystubs
- Bills
- Letter from doctor describing mental health issues (if applicable)
- Letter from doctor describing serious physical problem (if applicable)
- Job application logs (showing your efforts to get a job)

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