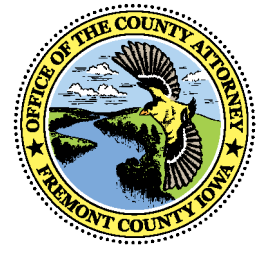


FCAO Payment Plan



Fremont County Attorney's Office Payment Plan Financial Affidavit

First Name* _____ Middle _____ Last Name* _____

Address*

City* _____ State* _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email*

Employer Name

Employer Address

How long have you worked at your present job?

How much do you earn monthly (gross)*
\$ _____

List any other source(s) of income.

List amount of other income.
\$ _____

Does anyone help pay your monthly expenses?

Yes

No

If so, who?

Do you have any dependents?

Yes

No

If so, How many?

Do you pay child support?

Yes

No

If so, how much Child Support?

Do you rent or own property?

Rent

Own

What is your monthly payment?

\$ _____

Do you have bank accounts?

Yes

No

Name of financial institution?

Do you have a vehicle (Year, Make, Model)?

What is the name of your vehicle insurance provider and policy number?

List any assets (cash, real estate, etc.).

Total amount of monthly expenses.*

\$ _____

Do you have any pending criminal charges?

Yes

No

If yes, where and what type of offense?

What type of plan are you applying for?

Driver's License Reinstatement Plan

County Attorney Installment Plan

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I MAKE ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.

Today's Date. *

Driver's License or ID Number. *

Date of Birth. *

Type your full name to certify that everything on this form is true and correct. *
