



# SAINT LOUIS COUNTY

## Municipal Court

Division:	Case Number:	
<b>Financial Statement &amp; Affidavit</b>		(Date File Stamp)
<b>PERSONAL INFORMATION</b>		
Name (last, first, middle)		Date of Birth
Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.		City
		Zip
Home Phone Number	Work Phone Number	Cellular Phone Number
Mailing Address (if different than above)		
Number of Dependents under the age of 18		Number of People Living with You
Are you Employed?		
<b>GENERAL INFORMATION</b>		
Are you a full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Institution: _____		
Do you receive any other income other than income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, see below. <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Disability <input type="checkbox"/> _____		
Have you or are you currently serving in any military branch? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide any facts you want the court to know regarding why you cannot pay your entire penalty at this point in time. _____ _____		
<b>ACKNOWLEDGEMENT &amp; DECLARATION</b>		
I acknowledge that: <ul style="list-style-type: none"><li>▪ Giving false information on this application may constitute a crime.</li><li>▪ I authorize this court, their employees or agents to conduct a complete and thorough investigation of my statement.</li></ul>		
By signing below, I swear under the penalty of perjury that all of the foregoing information is true, correct, and completed to the best of my knowledge.		
<b>X</b> _____	_____	
Defendant's Signature	Date	