**Mid-Moraine Municipal Court**

Hon. Christine Ohlis 962 W. Paradise Drive ~ West Bend, WI 53095 [www.mmmcourt.com](http://www.mmmcourt.com)

Municipal Court Judge Phone (262) 334-5700 Fax (262) 334-7771 Webpage link

**POVERTY EVALUATION FORM**

You must complete and return this form before a hearing will be scheduled.

**DEFENDANT INFORMATION:**

Name:  Current Amount Owed: **$ 0.00**

Address:       Phone:       DOB:

City, State, ZIP:      ,             Email:

Education Level Completed (circle one): GED High School Diploma Associate Degree Bachelor’s / Master’s Degree

Currently attending school or college: Y or N Name of School Attending:

Marital Status: Divorced Married Single Number Living in Household: Number of Dependents:

**INCOME INFORMATION:** Employed: Y or N (if “No”, please go to Supplemental or Other Income Information)

Name and Address of Employer:

Current Wage/Hour: $ Gross Earnings per Month: $

**SUPPLEMENTAL OR OTHER INCOME INFORMATION:**

Disabled: Y or N If “YES”, please describe:

Type of Income Received: Amount per Month: $

**ASSETS: TOTAL ASSETS:**  $

Checking Account Balance: $ Name of Institution:

Savings Account Balance: $ Name of Institution:

Other Account/Investment: $ Name of Institution:

**Non-Liquid Assets (list value):** House: $ Automobile: $ Motorcycle: $

**EXPENSES PAID MONTHLY: TOTAL EXPENSES:**  $

Rent: $ Utilities: $ Auto Loan: $ Cell Phone: $

Child Supp: $ Clothing: $ Groceries: $ Insurance: $

Medical: $ Rx Drugs: $ Other: $

I declare under penalty of perjury that the foregoing, including any attachments, is true and that this declaration was executed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

Signature of Individual Completing Form: