**Mid-Moraine Municipal Court**

Hon. Christine Ohlis 321 N Main Street, Suite 201 ~ West Bend, WI 53095 [www.midmorainewi.gov](http://www.mmmcourt.com)

Municipal Court Judge Phone (262) 334-5700

**POVERTY EVALUATION FORM**

**DEFENDANT INFORMATION:**

Name:

Address:       Phone:       DOB:

City, State, ZIP:       ,               Email:

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

Currently attending school or college:  Yes  No Name of School Attending:

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

**INCOME INFORMATION:** Employed:  Yes  No If no, name of previous employer:

Name/Address/Phone # of Employer:

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

**SPOUSE’S EMPLOYMENT STATUS (if applicable):**

Check One:Employed  Unemployed  Retired  Disabled  Laid Off

**SUPPLEMENTAL OR OTHER INCOME INFORMATION:**

Disabled:  Yes  No If “YES”, please describe:

Workers Compensation: $      SSI(D) Benefits: $      Unemployment Benefits: $      Pension Benefits: $

Child Support/Maintenance:$      Food Share: $      Medical Assistance: $      Public Assistance: $

**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:**  $

Mortgage/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       ,       .

Signature of Individual Completing Form: