

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing the Personal Financial Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. In addition, the Personal Financial Statement should include a complete listing of monthly income and expenses.

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities; and the financial needs and earning ability of a defendant and a defendant’s dependents are all relevant to the Court’s decision regarding a defendant’s ability to pay. Your Personal Financial Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, assets held by a corporation (C-Corporation) in which you have an ownership interest, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Personal Financial Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries should be accompanied by supporting documentation. Finally, sign and date the last page of the Personal Financial Statement.

NET WORTH

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent C = Corporation

ASSETS

BANK ACCOUNTS (Include all personal and business checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)

Section A	I,J,S D,C	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

Section B	I,J,S D,C	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value

MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you.]

Section C	I,J,S D,C	Mortgagee (name & address)/Your Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?

Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	I,J,S D,C	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I,J,S D,C	Name and Address of Box or Facility Location		Box Number or Space	Contents		Fair Market Value	
Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I,J,S D,C	Year, Make & License Number/ Vehicle Identification Number	Purchase Date	Purchase Price/ Down Payment	Mileage	Loan Balance (if any)	Date Loan Will Be Paid Off or Lease Ends	Monthly Loan/Lease Payment
Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I,J,S D,C	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
Section H	MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)							
	I,J,S D,C	Name and Address of Debtor/Your Relationship to Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Monthly Payment or Date Full Payment Expected	Is Debt Collectible?	

Section I	OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)							
	I,J,S D,C	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I,J,S D,C	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name, Address, and Telephone Number of Person or Company That Can Verify This (e.g., attorney, financial institution, executor.)			
	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
I,J,S D,C	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income from Trust		Your Interest in Trust Assets			
Section K	BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years, e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Section L	INCOME TAX RETURNS						
	Type of Income Tax Return Filed			Last Filing Year		Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer	
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
Section M	TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$500.00. Also list any assets that someone else is holding on your behalf.)						
	I,J,S D,C	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer
Section N	NAMES OF SHAREHOLDERS OR PARTNERS IN YOUR BUSINESS HOLDINGS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	Name of Business			Names of Shareholders/Partners			Ownership Interest Percentage

Section O	ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)			
	Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county, and state)
Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)			

LIABILITIES

CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)

Section A	I,J,S D,C	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
Section A							
OTHER DEBTS (Include mortgage loans, student loans, notes payable, delinquent taxes, and child support.)							
Section B	I,J,S D,C	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
Section B							
PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)							
Section C	I,J,S D,C	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
Section C							
BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity. Also, explain the circumstances which resulted in bankruptcy - attach additional pages if necessary.)							
Section D	I,J,S D,C	Type of Bankruptcy (Voluntary or Involuntary)/Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge
Section D							

NET WORTH \$ _____ **(ASSETS LESS LIABILITIES)**

MONTHLY CASH FLOW		
Monthly Income		
	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security/SSI (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Disability, Unemployment, Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Necessary Monthly Expenses		Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)		
Groceries (List the total monthly amount paid for groceries and number of people in your household.) Number of People _____		
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)		
Electric		
Heating Oil/Gas		
Water/Sewer		
Telephone		
Basic Cable		
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)		
Auto		
Health		
Homeowner/Rental		
Life		
Clothing (List the monthly amount actually paid for clothing.)		
Laundry (List the monthly amount paid for laundering of clothing.)		
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)		
Auto Loan/Lease Payments (List all monthly amounts paid toward loans or leases.)		
Other Loan Payments (List all monthly amounts paid toward other loans.)		
Credit Card Payments (List all monthly credit card or charge card payments.)		
Medical (List all monthly payments for necessary medical care, treatment, or prescription medication.)		
Alimony/Child Support (List all alimony or child support payments made each month.)		
Co-payments (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)		
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)		
Other Factors That May Affect Monthly Cash Flow (Describe.)		
TOTAL		
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement regarding the prospective increase of the value of any income reported, or a potential employment offer.)		

MONTHLY CASH FLOW \$ _____ (INCOME LESS EXPENSES)

I hereby swear that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete. I further swear that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement.

Signature _____ **Date** _____