

## Lebanon County Collections and Disbursement Unit Ability-to-Pay Evaluation

Commonwealth of Pennsylvania

v.

\_\_\_\_\_, Defendant

Docket No.: CP-38-\_\_\_\_-\_\_\_\_-\_\_\_\_

Balance Due:

Overall Balance Due (if different than above):

### Section I: Other Case Information

Other docket numbers with balances due, if any:
Current Payment Plan rate: Court Ordered: Yes / No Court Order Date:

**Answer all questions and complete each section.**

### Section II: Identification and Employment

Name – Last, First, Middle	Date of Birth	Spouse Full Name (if married)	
Home Address	City	State	Zip
Telephone Number	Number of People in House/ Number Working		
Employer	Occupation / Date Hired	Supervisor Name and Telephone Number	
Employer Address	City	State	Zip

If unemployed:      Are you actively searching for employment?      YES / NO  
                                  Do you have a disability preventing employment?      YES / NO  
                                  If yes, please provide a doctor's note explaining the work  
                                  restriction. Date expected to be able to return to work: \_\_\_\_\_

### Section III: Monthly Income

Monthly Income (take-home income)	\$
Dates of Last Employment if Unemployed	
Legal Spouse's Income	\$
Interest/Dividends	\$
Pension/Annuity	\$
Social Security Benefits	\$
Disability Benefits	\$
Unemployment Compensation	\$
Welfare/TANF/V.A. Benefits	\$
Worker's Compensation	\$

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Other Retirement Income	\$
Support from Other People (parents, children, etc.)	\$
Other Income (e.g. trust fund, estate payments)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

**Section IV: Monthly Expenses**

Rent/Mortgage	\$
Utilities (Gas, Electric, Water)	\$
Television/Internet	\$
Food (amount beyond what food stamps cover)	\$
Clothing	\$
Telephone	\$
Healthcare	\$
Other Loan Payments	\$
Credit Card Payments	\$
Education Tuition	\$
Transportation Expenses (car payment, insurance, transit pass, etc.)	\$
Payments to courts/probation/parole	\$
Number of Dependents (e.g. children)	
Dependent Care (including child support)	\$
Other Expenses (explain)	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**Section V: Liquid Assets**

Cash on Hand	\$
Money in Bank Accounts (checking and savings)	\$
Certificates of Deposit	\$
Stocks, Bonds, and Mutual Funds	\$

MONTHLY INCOME:                   \$ \_\_\_\_\_

MONTHLY EXPENSES:               \$ \_\_\_\_\_

**DISPOSABLE INCOME:**           **\$ \_\_\_\_\_**

(Income left over after expenses each month)

I affirm that I have read and completed Sections II through V and the information provided is true and correct to the best of my knowledge.

Defendant Signature: \_\_\_\_\_

Date: \_\_\_\_\_