

IN THE MUNICIPAL COURT OF FAYETTEVILLE, WEST VIRGINIA

**FINANCIAL AFFIDAVIT:
PAYMENT PLAN APPLICATION**

A. Information for the Applicant:

In order to enter into a payment plan agreement with this court, to pay in full all outstanding balances you may owe, you must enroll in the clerk's office payment plan and pay an administrative fee of \$25.00.

Additionally:

1. You must complete the affidavit for the court to determine the amount and number of your monthly payments as mandated by W.Va. Code § 8-10-2b.
2. You may be required to file a separate affidavit and application anytime your financial situation changes.
3. The information you give in this form will be confidential
4. Except for signatures, all information must be clearly printed.

APPLICATION INFORMATION

Applicant Information:

Defendant(s) Name <i>(First/Middle/Last)</i>	Social Security No. _____ - _____ - _____
Street Address	Date of Birth: _____ / _____ / _____
City, State, Zip Code	Phone Number: (____) _____
	Driver's License #: _____

NET INCOME:

1. Current **monthly** net (take-home) income from **all** sources:

*(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.)*

Employer:	\$	Second Job:	\$	Self-Employment:	\$
Public Assistance:	\$	Food Stamps:	\$	Unemployment:	\$
Benefits:	\$	Disability Benefits:	\$	Social Security/SSI:	\$
Alimony:	\$	Pensions:	\$	Rental Income:	\$
Interest:	\$	Dividends:	\$	Annuities:	\$
Odd Jobs:	\$	Other:	\$	(specify):	
TOTAL:	\$				

EXPENSES:

2. Regular monthly household debt-payment and other expenses:

Mortgage/Rent:	\$	Car Payment:	\$	Loan Payments:	\$
Credit Card Payments:	\$	Other Debt Payments:	\$	Utilities:	\$
Cell Phone:	\$	Food:	\$	Child Care:	\$
Child Support:	\$	Alimony:	\$	Medical Bills:	\$
		Other:	\$	(specify):	
TOTAL:	\$				

ASSETS:

3. List the value of any individually or jointly owned assets.

Cash:	\$	Savings Account:	\$	Boats/ATVs	\$
Bank Accounts:	\$	Stocks/Bonds:	\$	Tax Refund Due:	\$
Certificate of Deposits	\$	Real Estate:	\$	Money Owed you:	\$
Money Market Accts.	\$	Vehicle/s:	\$	Medical Bills:	\$
Other Assets:	\$	(specify):			

What is the total amount of these assets? \$ _____

By signing my name on this form, I swear to or affirm the completeness and truthfulness, to the best of my ability and knowledge, of the information I have provided.

Signature of Applicant: _____ Date: _____

Taken, subscribed, and sworn or affirmed before me, by the person whose signature appears above, on this _____ day of _____, 20_____, in _____, West Virginia.

Signature of Clerk/Judge/Notary: _____

For Court Use Only

The affiant's application for a Payment Agreement (initial one) _____ granted _____ denied.

Date: _____ Signature of Clerk: _____