

**Kewaunee County Sheriff's Department – Jail Division
Financial History Form**

History:

Name: _____ D.O.B.: _____ Age: _____

Address: _____ Phone #: _____

Social Security # : _____ Spouse's Name: _____

Number of Children: _____

Present Employer: _____ Supervisor: _____

How long employed: _____ Hours worked: _____ Monthly wage: _____

Work Phone # : _____ Supervisor's Phone # : _____

Previous Employer: _____ How long employed: _____

Spouse's Employer: _____ Work Phone # : _____

Other Income: (Indicate *monthly* amount in space provided)

ADC/GA: _____ Child Support: _____ Alimony: _____ Soc. Security: _____ Disability: _____

Second Job: _____ Food Stamps: _____ Pension: _____ Unemployment: _____

Expenses: (Indicate *monthly* amount in space provided)

Mortgage: _____ Rent: _____ Landlord Expenses: _____ Child Support: _____

Alimony: _____ Insurance: _____ Other Payments: _____

Value of Assets: (Indicate estimated dollar amount in space provided)

Vehicle #1: _____ Vehicle #2: _____ Snowmobile: _____ RV: _____ Boat: _____

Other Recreational Equip.: _____ Home: _____ Other Land: _____ Furniture: _____

TV/Stereo: _____ Weapons: _____ Other Property: _____

Miscellaneous Information:

Any Posted Cash Bond Amount: _____ Which Court(s): _____

Involved in any Law Suits?: _____

Involved in any Estates / Wills?: _____

Any pending property transactions?: _____

Comment Section:

Record any explanations or comments either by defendant or interviewer: _____

I hereby acknowledge that the above information has been examined by me and it is true and accurate to the best of my knowledge. I also understand that background investigations may be conducted and I authorize that my employer and creditors release information to the Kewaunee County Sheriff's Department for the purpose of determining my ability to pay reimbursement costs.

Signed: _____ **Date:** _____