



Commonwealth of Pennsylvania

First Judicial District of Pennsylvania
FINANCIAL INFORMATION FORM
OCC - Payment Plan

For Official Use Only - Bar Code

vs. Bring to hearing or conference together with Tax Return, W-2s, current pay-stubs, SSI letter, bank statements etc.

Date: Time: No.

PP#: \_\_\_\_\_

First Name Middle Last Name
ADDRESS City State Zip

Date of Birth: Home Phone No. Cell Phone No.

ARE YOU EMPLOYED? Name of Employer Position:

Address of Employer City State Zip

ARE YOU: Single or Married. If married, Name of Husband/Wife:

YOUR NET INCOME: (Attach Pay-Stub)

Weekly \$ Bi-Weekly \$ Monthly \$ Hourly \$

I/WE HAVE NO INCOME. LOST CASH ASSISTANCE CASH INCOME:

NET INCOME RECEIVED BY YOUR HUSBAND/WIFE: (Attach Pay-Stub)

Weekly \$ Bi-Weekly \$ Monthly \$ Hourly \$ No Income

LIST BENEFITS YOU AND YOUR SPOUSE, IF MARRIED, RECEIVE:

Table with 3 columns: TYPE OF BENEFIT, YOU, YOUR HUSBAND/WIFE. Rows include Unemployment, Workers' Compensation, Social Security, SSI, Food Stamps, General Assistance, Cash Assistance, Pension, Bank Accounts, Home (Value), Other Assets.

YOUR MONTHLY EXPENSES (If married you must include your spouse's expenses):

RENT: CAR PAYMENT: CABLE: CELL PHONE: CHILD SUPPORT:
FOOD: UTILITIES:
OTHER:

DO YOU HAVE ANY OTHER COURT-ORDERED PAYMENT PLAN(S)?

No Yes:

Case Number(s) and/or Payment Plan Number(s) and Monthly Payment Amount

I verify that the information given above is true and correct. I understand that false statements herein are subject to the penalties of the Pennsylvania Crimes Code, 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature: Date: