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

v. Defendant 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 Ordered: Yes / No Court Ordered: Yes / No Court Order Date: Answer all questions and complete each section. Section II: Identification and Employment Nume - Last, First, Middle Date of Birth Spouse Full Name (if married) Telephone Number City State Telephone Number Docket Hired Supervisor Name and Telephone Number 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 Monthly Income (take-home income) Dates of Last Employment if Unemployed Legal Spouse's Income Interest/Dividends Social Security Benefits Supervisor Name and Telephone Number Social Security Benefits Social Security Benefits Social Security Benefits Supervisor Name and Telephone Number Social Security Benefits Social Security Benefits Supervisor Name and Telephone Number Supervisor Name and Telephone Number Supervisor Name and Telephone Number Social Security Supervisor Name and Telephone Number Supervisor Name and Telephone Number Supervisor Name and Telephone Number Sup	Commonwealth of Pennsylvania							
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Worker's Compensation \$								

Lebanon County Collections and Disbur	sement Unit Ability-to-Pay Evaluation			
Other Retirement Income	\$			
Support from Other People (parents, children,	\$			
etc.)				
Other Income (e.g. trust fund, estate payments)	\$			
TOTAL MONTHLY INCOME	\$			
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)	\$			
TOTAL MONTHLY EXPENSES	ф.			
TOTAL MONTHLY EXPENSES	\$			
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 true and correct to the b	-			