

**FINANCIAL WORK SHEET**

**INCOME**

NET MONTHLY INCOME \$ \_\_\_\_\_

(Must attach DSHS verification)

OTHER INCOME (child support) \$ \_\_\_\_\_

FOOD STAMPS \$ \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**MONTHLY EXPENSES** (ONLY LIST ITEMS BELOW THAT YOU HAVE PAID)

RENT/HOUSE PAYMENT (if roommates, your share only) \$ \_\_\_\_\_

GROCERIES (FOOD STAMPS) \$ \_\_\_\_\_

MEDICAL/DENTAL \$ \_\_\_\_\_

UTILITIES (Electric/Water/Sewer/Garbage) \$ \_\_\_\_\_

TELEPHONE (Basic Charges Only) \$ \_\_\_\_\_

CHILD SUPPORT YOU PAY \$ \_\_\_\_\_

CAR PAYMENT (1car only) Year/make of car \_\_\_\_\_ \$ \_\_\_\_\_

CAR INSURANCE (1 car only) \$ \_\_\_\_\_

COURT FINES (if Chelan/Douglas Co. no verification needed) \$ \_\_\_\_\_

RESTITUTION \$ \_\_\_\_\_

TREATMENT COSTS \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

CHELAN COUNTY DISTRICT COURT PROBATION SERVICES

SERVICE FEE REDUCTION REQUEST

---

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last name) (First Name)

**INSTRUCTIONS:** You must provide copies of income and previous months bills for each item listed on the reverse side of this form. Failure to do so will result in this form being denied. Copies for proof of all items listed must be attached. **WE WILL NOT MAKE COPIES FOR YOU!** You must complete a fee reduction form EACH month to have fees reduced on a monthly basis.

**THIS FORM MUST BE TURNED INTO THIS OFFICE NO LATER THAN THE 10<sup>TH</sup> OF EACH MONTH TO BE ACCEPTED. INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

\_\_\_\_\_  
Client's Signature

---

⌘FOR OFFICE USE ONLY⌘

FEE REDUCTION APPROVED?  Yes AMOUNT WAIVED \_\_\_\_\_ MONTH WAIVED \_\_\_\_\_  
 No Reason:

Not filed or postmarked by 10<sup>th</sup> of month

- Copies of listed expenses not provided
- Proof of income not provided
- Income/expense amounts listed do not match copies provided
- Sufficient income left over to pay regular Probation fee of \$35-\$50

By \_\_\_\_\_  
(CCPS Signature)