

**FINANCIAL WORK SHEET
COMMUNITY SERVICE REQUEST**

INCOME & ASSETS:

Net Monthly Income (must attach/DSHS verification)	\$ _____
Spouses/Significant Other Income	\$ _____
Savings Account, Stocks, Bonds, Etc	\$ _____
Other Income (child support, assistance)	\$ _____
Food Stamps	\$ _____
Total Monthly Income	\$ _____

MONTHLY EXPENSES:

Rent/house payment (if roommates, your share only)	\$ _____
Groceries	\$ _____
Medical/Dental	\$ _____
Utilities	\$ _____
Telephone (basic charges only)	\$ _____
Child Support you Pay	\$ _____
Car Payment (1 car only) year/make car	\$ _____
Car Insurance (1 car only)	\$ _____
Court Fines/Costs	\$ _____
Other: (please list)	\$ _____
Total Monthly Expenses	\$ _____

DO YOU OWN HOUSE OR OTHER REAL ESTATE: Yes/No \$ _____

Please submit this form with a written request outlining the reason for community service hours in lieu of part of your monetary obligations. This information will be reviewed with the Judge and you will be notified of the outcome. If you do not hear from this office within two weeks, we would suggest that you contact Whitman County Probation at 1-509-397-6265.

Name: _____

Case Number: _____ Date: _____

Granted: _____ Amount: _____

Denied: _____

Signature