## Financial Statement SC Administrative Law Court 1205 Pendleton St., Suite 224, Columbia, SC 29201

Full Name:		I am	years of age	
Employer's Name:		Full time: [ ] Part	time: [ ] Hours per week:	
Employer's Address:				
Gross (before deductions) Monthly wages:		Hourly wages:		
If unemployed, date and salary of last employ	ment:			
Other income per month:	Mo	onthly expenses:		
Public Assistance: \$		Rent/Mortgage:	\$	
Unemployment: \$		Car lease/payment:	\$	
		Food:	\$	
Social Security: \$ Gifts/Other: \$		Utilities: Credit cards:	\$ \$	
Gitts/Other: \$		Credit cards:	\$	
Assets:				
Checking Account: \$		-		
Other Assets: \$		-		
Automobile: Year:	1.	_		
Make/Mode	1:	_		
My Spouse/Partner/Live-in's Name is:		Age: Check in	Age: Check if no other adult in household: [ ]	
Employer's Name:		Full time: [ ] Part	Full time: [ ] Part time: [ ] Hours per week:	
Employer's address:				
Gross (before deductions) Monthly was	ges:	Hourly wages	:	
If unemployed, date and salary of las	t employment:			
Other household income and assets of Spouse/Pa	artner/Live-in Con	mpanion:		
Public Assistance: \$		Checking Account:	\$	
TT 1		Savings Account:	\$ \$	
± •		Other:	\$	
**		Automobile:	Year:	
Gifts/Other: \$			Make/Model:	
TOTAL MONTHLY HOUSEHOLD INCOME:	\$ _			
TOTAL MONTHLY HOUSEHOLD EXPENSE	ES: \$ _			
List the names and ages of all other members of	your household w	hom you financially support:	(use reverse side if more space needed)	
Name:	Age:	Relation:		
Name:				
To the best of my knowledge, the information ab condition.				
~				
Signature		Date		