

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
PROBATION OFFICE

LESLIE PRIM HOPEK
CHIEF PROBATION OFFICER

R. DWAYNE SPURLOCK
DEPUTY CHIEF PROBATION OFFICER

Frank M. Johnson, Jr.
U. S. Courthouse Complex
One Church Street
Montgomery, AL 36104

Voice 334/954-3247
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SANDRA G. WOOD
SUPERVISORY PROBATION OFFICER
PRETRIAL UNIT

SCOTT WRIGHT
SUPERVISORY PROBATION OFFICER
INVESTIGATIVE UNIT

DAVID RON THWEATT
SUPERVISORY PROBATION OFFICER
SUPERVISION UNIT

RE: Presentence Interview

Dear _____:

Please report to the U.S. Probation Office located at Frank M. Johnson, Jr., Courthouse Complex, One Church Street, Montgomery, Alabama 36104, on the _____ day _____, 2007, at _____.

Enclosed you will find a Worksheet requesting necessary information for the preparation of your Presentence Report. Please complete pages 6 through 14 **only**. Also enclosed is a Personal Financial Statement which must be **completed in full**. Additionally, you must provide the following documents:

1. Income tax returns for the past five (5) years.
2. Verification of employment and income (pay stubs, et cetera).
3. Copy of marriage certificate (for **all** marriages) and divorce decree(s), if applicable.
4. Verification of educational and/or vocational background, including diplomas, certificates, and/or degrees received.
5. Verification of any military service, including discharge information, if applicable.
6. Verification from any and all physicians of any medical and/or psychological problems, including past or present treatment and prognosis information. If you are presently taking any type of medication, please bring your prescription bottles with you in order that I may document your medications.
7. Copies of the most current statements for all financial accounts (checking accounts, savings accounts, retirement accounts, IRA's, stocks or bonds, etc.)
8. Verification of any property owned in your name or jointly with any other person.
9. A four to five page autobiography, detailing your life history.
10. A handwritten statement indicating your involvement in the offense, along with acceptance of responsibility.

The above documentation must be returned to me at your appointment.

If you have any questions regarding these instructions, please do not hesitate to call me at **334/954-3247**. Thank you in advance for your cooperation in this matter.

Sincerely,

Kevin Poole
United States Probation Officer

UNITED STATES DISTRICT COURT
Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT
(See Publication 107 for Instruction)

1. FACESHEET DATA			
Defendant's Court Name: _____			
Defendant's True Name: _____			
Docket No.:	District:		
Judge/Magistrate:	Sentencing Date:		
USPO:	Arrest Date:		
Assistant U.S. Attorney (Name, address, telephone)	Defense Counsel (Name, address, telephone)		
DEFENDANT'S IDENTIFICATION			
Defendant's Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)			
Date of Birth:	Age:	Place of Birth:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown		Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	
Sex:	Country of Citizenship:	Immigration Status:	
No. of Dependents:	Education:	SSN:	
FBI No.:	U.S. Marshal's No.:	Other ID No.:	
Defendant's Legal Address: _____			
(Number and Street)		(Apartment)	
(City)		(State)	(Zip)
Defendant's Current Address: _____			
(Number and Street)		(Apartment)	
(City)		(State)	(Zip)

Referral Date: _____

Interview Date: _____

2. OFFENSE DATA (Presentence Report Part A)

CHARGES AND CONVICTIONS	RELEASE STATUS
<p>Date Information/Indictment Filed: _____</p> <p>Date of Conviction: _____</p> <p>Count No.(s): _____</p> <p style="padding-left: 40px;">Conviction by (Check one):</p> <p style="padding-left: 80px;"> <input type="checkbox"/> Guilty Plea/Plea of Nolo Contendere <input type="checkbox"/> Court Trial Verdict <input type="checkbox"/> Jury Trial Verdict </p>	<p>Check the Appropriate Box(s):</p> <p><input type="checkbox"/> In federal custody since _____</p> <p><input type="checkbox"/> In non-federal custody since _____</p> <p style="padding-left: 40px;">Released on _____</p> <p><input type="checkbox"/> Unsecured personal recognizance</p> <p><input type="checkbox"/> \$ _____ personal recognizance bond since _____</p> <p><input type="checkbox"/> \$ _____ cash security since _____</p> <p><input type="checkbox"/> \$ _____ corporate security since _____</p> <p><input type="checkbox"/> \$ _____ property bond since _____</p> <p><input type="checkbox"/> Pretrial services supervision</p>

COUNTS OF CONVICTION

Count Nos.	Offense and Statutes	Offense Classification	Minimum/Maximum Statutory Penalty

DETAINERS

No Detainers

Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

No Codefendants

Codefendant(s) Name(s): _____

RELATED CASES (Co-offenders)

No Related Cases

Docket No.	Defendant(s) Name(s)

PLEA AGREEMENT

Check One:

- Written Accepted
 Oral Deferred
 No Agreement Binding

Notes:

Substantial Assistance Motion:

- No Yes

OFFENSE CONDUCT

VICTIM IMPACT

No Loss

Victim's Name	Financial Loss	Victim's Address	Victim's Phone
	\$		
Loss to All Victims:	\$		

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's statement regarding offense:

3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

None

Date of Arrest, Prosecution, Referral, or Detention	Charge/Conviction	Court City/County/State Action No.	Date Sentenced or Case Disposed	Sentence	Defendant Represented by or Waived Counsel (Y) or (N)	

PENDING CHARGES AND SUPERVISION STATUS

The defendant has no pending charges.

Charge(s)	Court	Docket/Action No.	Next Appearance Date

The defendant is not currently under supervision. (division, probation, supervised release, or parole supervision)

The defendant is currently under criminal justice sentence. Type of Supervision:

- Diversion
- Probation
- Supervised Release
- Parole
- Escape Status
- In Custody

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

DEFENDANT

Residential History: (List every town or city where the defendant has lived.)

PARENTS AND SIBLINGS

(List the defendant's biological parents. If defendant was reared by persons other than his natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all siblings, living or dead.)

Name	Relationship and Age		Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Notes regarding family history; identify any significant problems:

MARITAL STATUS

The defendant is presently single and has no marital history.

Spouse or Domestic Partner	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce was Granted	Number of Children

Employment status of current spouse:

CHILDREN

The defendant has never had any children.

Child's Name	Name of Other Parent of this Child	Age	Custody/Support	Child's Address and Telephone Number (If different from defendant)

Note health problems, criminal history, substance abuse, or any other significant information.

DEFENDANT'S PHYSICAL CONDITION		
PHYSICAL DESCRIPTION		
Height:	Weight:	Eye Color:
Hair Color:	Tattoos:	Scars:
PHYSICAL HEALTH		
<input type="checkbox"/> The defendant is healthy and has no history of health problems.		
List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.		
List all current prescriptions.		
Provide the name, address, and telephone number of the defendant's physician.		
MENTAL AND EMOTIONAL HEALTH		
<input type="checkbox"/> The defendant has no history of mental or emotional problems, and no history of treatment for such problems.		
Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider.		

SUBSTANCE ABUSE

The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

Alcohol

Heroin/Opiates

Marijuana

Barbiturates

Cocaine

Hallucinogens

Crack

Inhalants

Amphetamine/
Methamphetamine

Other: _____

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

Describe in detail the defendant's history of substance abuse and treatment.

(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received

Does the defendant have any specialized training or skill(s)?

Yes

No

If yes, what training or skill(s)?

Does the defendant have any professional license(s)?

Yes

No

If yes, what license(s)?

None

MILITARY

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

Summarize the defendant's military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

EMPLOYMENT

Defendant's usual occupation: _____

Defendant's employment status:

At the time of the offense, the defendant was (select the appropriate number from the categories below) _____

At present, the defendant is (select the appropriate number from the categories below) _____

- | | |
|---|--|
| 1. Employed full-time | 2. Employed part-time |
| 3. Unemployed temporarily, looking for work | 4. Unemployed seasonal worker |
| 5. Unemployed due to disability | 6. Unemployed, history of extensive unemployment |
| 7. Incarcerated or confined | 8. Student |
| 9. Homemaker | 10. Retired |
| 11. Other (Specify): _____ | |

FINANCIAL CONDITION/ABILITY TO PAY

Refer to Form 48A

Defendant has few assets and liabilities.

EMPLOYMENT HISTORY

(Describe the defendant's employment history for the last ten years)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:	Phone No.:	
To Present		
From:		
To:		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)

From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

Summarize any employment history over 10 years old:

NOTES:

**DECLARATION OF DEFENDANT OR OFFENDER
NET WORTH & CASH FLOW STATEMENTS**

I, _____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached Net Worth Statement (Prob. Form 48) or Net
Worth Short Form Statement (Prob. Form 48EZ) and/or Cash Flow
Statement (Prob. Form 48B) that fully describe my financial resources,
including a complete listing of all assets owned or controlled by me as of this
date and any transfers or sales of assets since my arrest. The Cash Flow
Statement (Prob. Form 48B) also includes my financial needs and earning
ability and the financial needs and earning ability of my spouse (or significant
other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages _____)

Net Worth Short Form Statement (Total Pages, including additional pages
_____)

Cash Flow Statement (Total pages, including additional pages _____)

I declare under penalty of perjury that the foregoing is true and correct; or

False statements may result in revocation of supervision, in addition to
possible prosecution under the provisions of 18 U.S.C. § 1001 which carries
a term of imprisonment of up to 5 years and a fine of up to \$250,000, or
both.

(Defendant Signature)

Executed on
_____ day of _____, _____.

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name -								
NET WORTH STATEMENT								
NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent								
ASSETS								
BANK ACCOUNTS (Include all personal and business checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)								
Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance	
SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)								
Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value			
MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)								
Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is debt collectible?

Last Name -								
Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I/J S/D	Name and Address of Box or Facility Location		Box Number or Space	Contents		Fair Market Value	
Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will Be Paid Off or Ends	Monthly Payment	Fair Market Value	
Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
Section H	MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	

Last Name -								
Section I	OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor.)			
Section K	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income from Trust	Your Interest in Trust Assets			
Section K	BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years, e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Last Name -							
Section L	INCOME TAX RETURNS						
	Type of Income Tax Return Filed		Last Filing Year		Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer		
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
S Corporation (Form 1120S)							
Section M	TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$500.00. Also list any assets that someone else is holding on your behalf.)						
	I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer
Section N	NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	Name of Business		Names of Shareholders/Partners			Ownership Interest Percentage	

Last Name -

ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)

Section O

Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county, and state)

PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)

Section P

Last Name -							
LIABILITIES							
CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)							
Section A	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)							
Section B	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)							
Section C	I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)							
Section D	I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records, Prob. 48C). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name -		
MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Initials _____ Date _____

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) # _____	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: _____ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$ _____	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____ Date _____