

LFO Worksheet for Determining Ability to Pay

WORKSHEET FOR DETERMINING ABILITY TO PAY LEGAL FINANCIAL OBLIGATIONS (LFOs)

NAME: _____ CASE NO. _____

INCOME

Approximate Monthly Amount

Your take-home pay:	\$
Occupation:	
Employer's name and phone number:	
How long worked there:	
Spouse/Partner's monthly take-home wages	\$
Monthly amount receive from public assistance programs	\$

Check all that apply:

<input type="checkbox"/> <i>Basic Food (SNAP)</i> <input type="checkbox"/> <i>SSI</i> <input type="checkbox"/> <i>Medicaid</i> <input type="checkbox"/> <i>Pregnant Women Assistance Benefits</i> <input type="checkbox"/> <i>Poverty-Related Veterans' Benefits</i> <input type="checkbox"/> <i>Temporary Assistance for Needy Families</i> <input type="checkbox"/> <i>Refugee Settlement Benefits</i> <input type="checkbox"/> <i>Aged, Blind or Disabled Assistance Program</i> <input type="checkbox"/> <i>Other:</i> _____	
Other sources of income (e.g. spousal maintenance, family member living in your home and contributing to living expenses, dividends, etc.):	\$
APPROXIMATE TOTAL MONTHLY INCOME:	\$

MONTHLY EXPENSES AND DEBTS

Approximate Monthly Amount

Wage garnishments taken from your paycheck:	\$
Rent/mortgage:	\$
Utilities (electricity, water, garbage, telephone, etc.):	\$
Food/household supplies:	\$
Transportation:	\$
Health care (out-of-pocket costs, prescriptions, insurance, debt payments)	\$
Child support, spousal maintenance, and loan payments:	\$
Court-ordered restitution – monthly payment amount:	\$
Credit cards, personal loans, and other debt payments:	\$
Other basic living costs (clothing, child care, insurance, etc.) Describe:	\$
APPROXIMATE TOTAL MONTHLY EXPENSES:	A \$
Total other outstanding debt not identified above (late child support and medical care payments):	B \$
Total outstanding court fines, penalties & costs (legal financial obligations (LFOs)), ALL other cases:	C \$
APPROXIMATE TOTAL CURRENT DEBT (A+B+C):	\$

How long do you believe you will be jailed for this and any other current cases?: _____

Other than yourself, how many people do you financially support? _____. Age(s): _____

Highest grade level of education you completed _____

Do you have any vocational training or a college degree? If yes, state specialty: _____

Have you had a mental health diagnosis? yes no

If yes, describe: _____

Provide your public defender with a letter from your doctor about your mental health.

Have your mental health issues made it harder for you to get a job? Explain: _____

Do you have any serious physical disabilities that make it harder for you to get a job? If so, explain:

List your jobs held and approximate monthly pay over the past three years:

How might this conviction affect your ability to get a job? Describe: _____

Describe how the payment of fines and fees may be a hardship on your immediate family (include any information regarding housing, employment, child care, transportation, and anything else you want the court to know): _____

Languages spoken: _____

Are you able to read and write English? _____

Checklist for what you should bring to court or give to your public defender (in cases assigned to public defender):

- Proof of SSI or public assistance
- Paystubs
- Bills
- Letter from doctor describing mental health issues (if applicable)
- Letter from doctor describing serious physical problem (if applicable)
- Job application logs (showing your efforts to get a job)