

Smyrna Municipal / General Sessions Court

400 Enon Springs Road East. Smyrna, TN 37167

Financial Assessment

Name: _____ DOB: _____

EMPLOYMENT

Are you employed?	<input type="checkbox"/> No	Why not? _____
<input type="checkbox"/> Yes. Where? _____		How many hours per week? _____
How many Adults in the household? _____	How many Children in the household? _____ (under 18)	

MONTHLY HOUSEHOLD INCOME

Check if none

Monthly Wages	\$ _____	<input type="checkbox"/>
Spouse's Wages	\$ _____	<input type="checkbox"/>
Alimony Received	\$ _____	<input type="checkbox"/>
Child Support Received	\$ _____	<input type="checkbox"/>
Government Assistance (food stamps, SS, disability)	\$ _____	<input type="checkbox"/>
Other adults in home total income	\$ _____	<input type="checkbox"/>
Other Sources (including side-jobs)	\$ _____	<input type="checkbox"/>
TOTAL HOUSEHOLD INCOME	\$ _____	

ASSETS

Real Estate (home, land, rental property, AirBNB, other)	Value: \$ _____	Amt Owed: \$ _____
Vehicle (car, motorcycle, trailer)	Value: \$ _____	Amt Owed: \$ _____
Checking Account	\$ _____	
Savings Account	\$ _____	
Other (jewelry, electronics,)	\$ _____	
Retirement Accounts (401k, IRA, etc.)	\$ _____	
Mutual Funds, Stock, Bonds, etc.	_____	
TOTAL ASSET VALUE	\$ _____	

MONTHLY EXPENSES

Check if none

Rent or Mortgage Payment	\$	<input type="checkbox"/>
Utilities (water, electricity, gas, etc.)	\$	<input type="checkbox"/>
Food and Clothing	\$	<input type="checkbox"/>
Car Payments	\$	<input type="checkbox"/>
Insurance (health, car, home, rental, etc.)	\$	<input type="checkbox"/>
Child Day Care	\$	<input type="checkbox"/>
Child Support Payments	\$	<input type="checkbox"/>
Alimony Payments	\$	<input type="checkbox"/>
Credit Card Payments	\$	<input type="checkbox"/>
Loan Payments	\$	<input type="checkbox"/>
Medical and/or Dental Payments	\$	<input type="checkbox"/>
Cable (DirectTV, AppleTV, Comcast, etc.)	\$	<input type="checkbox"/>
Internet	\$	<input type="checkbox"/>
Cellphone (Model: _____)	\$	<input type="checkbox"/>
Streaming Services (Netflix, Hulu, Disney+, HBO, etc.)	\$	<input type="checkbox"/>
Entertainment (sporting events/tickets, concerts, etc.)	\$	<input type="checkbox"/>
Cigarettes, hookah, vaping, smoking products	\$	<input type="checkbox"/>
Personal/Self-care (hair salon, manicure, pedicure, spa)	\$	<input type="checkbox"/>
App Subscriptions (Spotify, Amazon, iTunes, etc.)	\$	<input type="checkbox"/>
Memberships (Gym, MoviePass, Sam's/Costco)	\$	<input type="checkbox"/>
TOTAL EXPENSES	\$	

TOTALS

TOTAL INCOME: \$ _____

MINUS (-)

TOTAL EXPENSES: \$ _____

EQUALS (=)

REMAINING BALANCE: \$ _____

By signing this Financial Assessment, I acknowledge that what is written above is true and factual to the best of my knowledge under oath and penalty of perjury.

Defendant Signature: _____

Date: _____