

Collin County Community Supervision & Corrections Department

Financial Profile

Name: _____

Step 1 - List your monthly income

Monthly Income \$ _____
 Hourly \$ _____
 Net Income \$ _____
 Net Spouse \$ _____
 Support \$ _____
 Welfare \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 VA \$ _____
 Other Income \$ _____
(A) TOTAL INCOME \$ _____

(Other 1)
 Laundry & Dry Cleaning \$ _____
 Barber & Beauty Shop \$ _____
 Cosmetics & Misc
 Toiletries \$ _____
 Cigarettes/tobacco \$ _____
 Vacation/Christmas \$ _____
(D) TOTAL \$ _____

Step 2 - List your monthly expenses

Mortgage \$ _____
 Rent \$ _____
 Utilities \$ _____
 Phone \$ _____
 Food \$ _____
 Trash \$ _____
 Pub Service \$ _____
 Auto Gas \$ _____
 Auto Loan \$ _____
 Auto Insurance \$ _____
 Auto Repairs \$ _____
 Clothing \$ _____
 Doctor \$ _____
 Medical Insurance \$ _____
 Child Care \$ _____
 Child Support \$ _____
 Personal Loan \$ _____
 Credit Cards \$ _____
(B) TOTAL \$ _____

(Other 2)
 Life Insurance \$ _____
 Donations \$ _____
 Recreation/alcohol \$ _____
 Savings \$ _____
 Renters Insurance \$ _____
(E) TOTAL \$ _____

(Other 3)
 Newspapers/magazines \$ _____
 Tuition \$ _____
 Books/supplies/stationery \$ _____
(F) TOTAL \$ _____

(Other 4)
 Big Purchases \$ _____
 Other Install Payments \$ _____
(G) TOTAL EXPENSES \$ _____
(Add totals from B, C, D, E, & F)

TOTAL INCOME \$ _____
(Total from A)
TOTAL EXPENSES \$ _____
(Total from G)
DISPOSABLE CASH \$ _____

(C) Court Ordered Payments \$ _____

Assets
 Stock Value \$ _____
 Bond Value \$ _____
 Certified Deposits \$ _____
 Savings Account \$ _____
 Other Assets (specify) \$ _____

What is your means of support? _____

VERIFIABLE DOCUMENTATION MUST ACCOMPANY THIS FORM

By my signature below, I certify that the information given above is true and accurate to the best of my knowledge.

 Defendant

 Date

 Supervision Officer

 Date