

File No. _____

OTTAWA COUNTY PROBATE COURT FINANCIAL STATEMENT

Patients Name: _____

Social Security No: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Length of Employment: _____

Employer Address: (_____) _____

Other Income: _____

(List if you receive ADC, Social Security, Unemployment, Workers
Comp, Disability, Child Support, **also PROVIDE A COPY OF YOUR
CHECK STUB, SOCIAL SEC LETTER, ADC GRANT or other
EVIDENCE OF INCOME**)

I understand that I may be ordered to repay the Court for all or part of
my attorney costs. I also declare that this Financial Statement has been
examined by me and that its contents are true to the best of my
information, knowledge and belief.

Patient's Signature

DATE: _____

Court Liaison Signature

DATE: _____