STATE OF WISCONSIN	CIRCUIT COURT		MANITOWOC COUNTY
vs	, Plaintiff		OSURE STATEMENT
	, Defendant	Case No:	
GENERAL INFORMATION			
Name: Address: City: Martial Status:	Telep Telep State:	hone (evening): hone (cell):	ə:
I am presently employed: ☐ Yes ☐ No			
If "yes," name of employer:			ed:
Currently receive: Food Stamps			
MONTHLY GROSS INCOME		ASSETS	
Employment (Salary, wages, bonus, & tips) \$ Pensions/Retirement \$ Social Security/Disability \$ Student Loans/Grants \$ Unemployment Benefits \$ Child Support/Maintenance \$ Other Income: \$	Vehicle Cash Checkir Savings Money	- Value (s) - Value ng Accounts s Accounts Others Owe Me	\$ \$ \$ \$ \$ \$
Do you:	For each "yes" answer, state your average monthly expense.		
Own a home? Have cable or satellite TV? Have a cell phone? Have Internet service? Drink alcohol Smoke?	Yes No Yes No Yes No Yes No Yes No Yes No	\$\$\$\$\$\$\$	
I certify that the information provided above is t the information I have provided and about my fit SIGNATURE		hat I may be required to	testify under oath about

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