



# North Shore Municipal Court

5909 NORTH MILWAUKEE RIVER PARKWAY  
GLENDALE, WISCONSIN 53209-3815  
(414) 228-1752, FAX (414) 228-1707  
EMAIL: [court@glendalewi.gov](mailto:court@glendalewi.gov)

Defendant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Number of Person in Household: \_\_\_\_\_

Defendant's Employment Status: \_\_\_\_\_ Spouse's Employment Status: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_ Wage Per Hour \$ \_\_\_\_\_ Hourly/Salary/Commission (circle one)

Number of Hours worked per week (avg.) \_\_\_\_\_

(If current employment is less than 6 months, list previous employer): \_\_\_\_\_

List dates of employment since conviction date: \_\_\_\_\_

Pension: \_\_\_\_\_

**SUPPLEMENTAL INCOME INFORMATION:**

Food stamps/Food Share: \$ \_\_\_\_\_ Support/maintenance: \$ \_\_\_\_\_

Workers Compensation: \$ \_\_\_\_\_ SSI (D): \$ \_\_\_\_\_ Badger Care: \$ \_\_\_\_\_

Government Assistance: \$ \_\_\_\_\_ AFDC: \$ \_\_\_\_\_

Any Other Sources of Income Not Specifically Requested: \$ \_\_\_\_\_

**ASSETS:**

Checking Account: Y or N \$ \_\_\_\_\_ Savings Account: Y or N \$ \_\_\_\_\_ Trust Accounts: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Life Insurance: \$ \_\_\_\_\_ Money owed to you: \$ \_\_\_\_\_

**NON-LIQUID ASSETS:**

House (value): \$ \_\_\_\_\_ Automobile (value): \$ \_\_\_\_\_ Personal Property: \$ \_\_\_\_\_

**EXPENSES (Monthly):**

Mortgage or Rent: \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Groceries: \$ \_\_\_\_\_

Outstanding Fines: Y or N \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Medical Bills: \$ \_\_\_\_\_

Health Insurance: \$ \_\_\_\_\_ Car Insurance: \$ \_\_\_\_\_ Auto Payments: \$ \_\_\_\_\_

Any other Expenses you wish to have considered: \$ \_\_\_\_\_ Student Loans \$ \_\_\_\_\_

**You must be able to verify the information requested on this form.  
Bring any documentation necessary to substantiate your financial responses.**

THIS FORM MUST BE FILLED OUT **PRIOR** TO COURT AND PRESENTED TO THE CLERK ON THE DATE OF YOUR SCHEDULED HEARING.