

**GRAYSON COUNTY
COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT
Financial Profile**

STEP 1 - List your monthly income
 Husband's salary \$ _____
 Wife's salary \$ _____
 Other income \$ _____
TOTAL INCOME +\$ _____ (1)

STEP 2 - List your monthly expenses
Housing
 Rent or mortgage \$ _____
 Utilities (elec/gas/water) \$ _____
 Telephone \$ _____
 Cable tv (other) \$ _____
TOTAL +\$ _____ (a)

Food
 Groceries & items
 bought w/ groceries \$ _____
 Misc. food & drink
 (cokes, eating out) \$ _____
TOTAL +\$ _____ (b)

Transportation
 Gas & oil \$ _____
 Taxi \$ _____
 Other \$ _____
TOTAL +\$ _____ (c)

Personal
 Laundry & dry cleaning \$ _____
 Barber & Beauty shop \$ _____
 Cosmetics & misc. toiletries \$ _____
 Cigarettes/tobacco \$ _____
 Other \$ _____
TOTAL +\$ _____ (d)

Clothing
 Husband's \$ _____
 Wife's \$ _____
 Children's \$ _____
TOTAL +\$ _____ (e)

EDUCATION
 Newspapers/magazines \$ _____
 Tuition \$ _____
 Books/supplies/stationary \$ _____
TOTAL +\$ _____ (f)

MISCELLANEOUS
 Life Insurance \$ _____
 Donations \$ _____
 Recreation/sports \$ _____
 alcoholic beverages \$ _____
 Baby sitting \$ _____
 Child support \$ _____
 Savings \$ _____
 Household renters ins. \$ _____
 Medical \$ _____
 Other \$ _____
TOTAL +\$ _____ (g)
 Add lines (a) through (g)
TOTAL EXPENSES \$ _____ (2)

STEP 3 - List monthly debt payments
 Car payments \$ _____
 Finance Companies/loans \$ _____
 Charge accounts \$ _____
 Other installment payments \$ _____
TOTAL PAYMENTS +\$ _____ (3)

STEP 4 - Estimate long term expenses (yearly)
 Auto maintenance/tires \$ _____
 Auto insurance \$ _____
 License plates \$ _____
 Big purchases \$ _____
 (furniture/appliances/car) \$ _____
 Other (vacation/Christmas) \$ _____
TOTAL +\$ _____
 Now divide above total by 12 to determine how
 much to set aside each month to prepare for them
TOTAL \$ _____ (4)

STEP 5 - Add it up
 Monthly living expenses (2) \$ _____
 Monthly debt expenses (3) \$ _____
 Monthly long-term expenses (4) \$ _____
TOTAL +\$ _____ (5)

MONTHLY INCOME (1) \$ _____

BALANCE - LINE (1) - (5) \$ _____ (+) (-)

COURT ORDERED PAYMENTS \$ _____

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

DEFENDANT

DATE

SUPERVISION OFFICER

DATE