

ABILITY TO PAY FORM

The State Public Defender (SPD) reserves the right to return any form that does not contain complete information or the information on this form is inconsistent with the information included on the E-FORM that was processed by the local/regional SPD office. This form must be mailed to, and received by **Wisconsin State Public Defender, PO Box 7923, Madison, WI 53707** before the prepay due date.

Para obtener una versión en español de este formulario, visite www.wisspd.gov/clients.

If you are paying your public defender fee by the due date, you do not need to complete this form. Questions? Call 1-800-445-2230

Client's First Name	Client's Last Name	Date of Birth
Social Security Number	SPD ID Number	DOC Number (if incarcerated)
Client's Street Address/P.O. Box	City, State, Zip Code	Telephone Number
Driver License Number	State License Issued by	

1) CLIENT INCOME/BENEFITS

Please enter the amount received for one (1) month OR a four (4) week period only.

a) Client Program Benefits, if any, received: (Check all that apply) <input type="checkbox"/> W-2 <input type="checkbox"/> SSI <input type="checkbox"/> SSI-E <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> General Fund		\$
b) Client's income other than, or in addition to, benefits listed above in 1.a.		
Gross Monthly Income before Taxes		\$
Employer	Name: Phone:	
Unemployment Compensation	Weekly: \$	
	Number of weeks remaining:	
Other: (check all that apply) <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Veterans Pension <input type="checkbox"/> Retirement Pension <input type="checkbox"/> Maintenance Payments <input type="checkbox"/> Child Support Received		Monthly total for all: \$
c) If applicant is living in an institution, nursing home, sheltered environment, or your income is handled by a payee, list ONLY the amount the applicant receives.		\$

2) SPOUSE INCOME/BENEFITS

Please enter the amount received for one (1) month OR a four (4) week period only.

The applicant is:		
Married	<input type="checkbox"/> if married, continue with question 2	
Unmarried	<input type="checkbox"/> if unmarried, skip question 2 and go to question 3	
a) Spouse's Program Benefits, if any, received: (Check all that apply) <input type="checkbox"/> W-2 <input type="checkbox"/> SSI <input type="checkbox"/> SSI-E <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> General Fund		\$
b) Spouse's income other than, or in addition to, benefits listed above in 1.a.		
Gross Monthly Income before Taxes		\$
Employer	Name: Phone:	
Unemployment Compensation	Weekly: \$	
	Number of weeks remaining:	
Other: (check all that apply) <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Veterans Pension <input type="checkbox"/> Retirement Pension <input type="checkbox"/> Maintenance Payments <input type="checkbox"/> Child Support Received		Monthly total for all: \$
c) If spouse is living in an institution, nursing home, sheltered environment, or your income is handled by a payee, list ONLY the amount the spouse receives.		\$

3) ASSETS

List only those assets belonging to you, and if applicable, your spouse.

Cash	\$
Savings, checking, trust fund account	\$
Money owed to you or your spouse (expected in the next 4 weeks such as an income tax return)	\$
Bail money posted by client/client's spouse on current offense	\$
Retirement accounts, deferred compensation	\$
Other funds, explain:	\$

4) ADDITIONAL ASSETS

Include only those assets valued at \$100 or more.

	Description	Market Value	Loan/Mortgage Balance	Lender	Net Value (Market Value - Loan/Mortgage)
Real Estate: land and housing					
Vehicles: car, boat, ATV, motorcycle, snowmobile, etc.					
Other Valuables: cell phone, electronics, sporting goods/collectibles, computer, jewelry, etc.					

5) HOUSEHOLD INFORMATION

Only count yourself, spouse and all **dependent children** who are **living with you**.

Do not include any children for whom you are paying child support, unless a court has issued an order allowing you to claim them.

Include your unborn child if you or your spouse is **over** seven months pregnant.

First Name	Last Name	Age	Relationship
			SELF
			SPOUSE
			CHILD
			CHILD
			CHILD
			CHILD
			CHILD
Total Family Size			

I certify that this financial statement is true to the best of my knowledge. I will report any changes regarding contact information including address of record, income, or assets, in writing, to the Wisconsin SPD as soon as I am aware of the change. I understand the Wisconsin SPD may contact other persons or organizations to obtain ANY necessary proof of information given in this document, and I authorize release of such information.

The SPD may request re-application and recertification of your ability to pay status on an annual basis. If you do not re-apply, are not re-certified by SPD, or do not return the requested application by the designated date ANY open/old cases with a balance due will be forwarded to collections regardless of the prior account status.

CLIENT SIGNATURE

DATE

If someone is completing this form on the client's behalf, that person must sign here:

SIGNATURE OF AUTHORIZED PERSON

RELATIONSHIP

DATE

SPD Office Use Only				
Date Processed:	Income:	Form Returned:		
Processed By:	Cost of Living:	Completion	Vehicle	Other Asset
Result:		Real Estate	Job	In Collections