



**RESPONDENT'S FINANCIAL STATEMENT,  
AFFIDAVIT OF INDIGENCY, REQUEST FOR  
REDUCED GPMS COSTS, AND ORDER**

Case No.   
Court \_\_\_\_\_  
County   
Division \_\_\_\_\_

First Middle Last

PETITIONER

VS.

First Middle Last

RESPONDENT

Respondent's Address: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**FINANCIAL STATEMENT:**

1. Income:

Employed?  Yes  No

If Yes:  Full-time  Part-time  Temporary/Seasonal Length of Employment: \_\_\_\_\_

Income from Employment:

monthly  biweekly  hourly \$ \_\_\_\_\_

If No, date last employed: \_\_\_\_\_

Married?  Yes  No If Yes, Spouse Employed?  Yes  No

If Yes, Spouse's Income from Employment:  monthly  biweekly  hourly \$ \_\_\_\_\_

Total Income from ALL other source(s) and amount received per month:

Welfare: \$ \_\_\_\_\_  Food Stamps:\$ \_\_\_\_\_  Social Security/Disability:\$ \_\_\_\_\_

Worker's Comp: \$ \_\_\_\_\_  Unemployment:\$ \_\_\_\_\_  Retirement:\$ \_\_\_\_\_

Child Support/Maintenance: \$ \_\_\_\_\_  Stocks, Trusts, Bonds:\$ \_\_\_\_\_

Child Care Assistance: \$ \_\_\_\_\_  Other : \_\_\_\_\_

Total Income from ALL other source(s): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

2. Property:

Own Real Estate?  Yes  No

If Yes, Value of Real Estate: \$ \_\_\_\_\_ Amount owed : \$ \_\_\_\_\_

Own Mobile Home?  Yes  No

If Yes, Value of Mobile Home: \$ \_\_\_\_\_ Amount owed : \$ \_\_\_\_\_

Own Personal Property:

Motor Vehicles in Operable Condition (including motor cycles, riding lawn mowers, ATVs, etc.):

Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed:\$ \_\_\_\_\_

Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed:\$ \_\_\_\_\_

Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed:\$ \_\_\_\_\_

Bank Accounts:  Yes  No

If Yes, total balance of all accounts: \$ \_\_\_\_\_

Other Asset(s) (i.e., boat, jewelry, cash)

Asset type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Asset type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

3. Dependents:  Yes  No

If Yes, Number of Dependent(s) (including children, elderly, or disabled): \_\_\_\_\_

Relationship of dependent(s): \_\_\_\_\_ Age(s) of Dependent(s) \_\_\_\_\_

4. Monthly Expenditures:

Mortgage payment/ Rent:  Yes  No

If Yes, amount of payment: \$ \_\_\_\_\_

Child support obligation:  Yes  No

If Yes, amount of payment: \$ \_\_\_\_\_

Other out-of-pocket monthly bills (**FOR HOUSEHOLD**):

utilities: \$ \_\_\_\_\_  water: \$ \_\_\_\_\_  telephone service (land or cell): \$ \_\_\_\_\_

internet service: \$ \_\_\_\_\_  cable/satellite: \$ \_\_\_\_\_  car payment: \$ \_\_\_\_\_

credit card payments: \$ \_\_\_\_\_  car/health/home owners/ renters insurance payments: \$ \_\_\_\_\_

unreimbursed childcare: \$ \_\_\_\_\_  tuition: \$ \_\_\_\_\_  medical debts: \$ \_\_\_\_\_

student loan payments: \$ \_\_\_\_\_  Other Financial Obligations: \$ \_\_\_\_\_

Total of other out-of-pocket monthly bills: \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENDITURES:** \$ \_\_\_\_\_

**Request for Reduced GPMS Costs:** I state to the court that I am without sufficient financial means or assets to pay the full amount of the costs associated with operating the global positioning monitoring system ("GPMS").

PERJURY WARNING: I understand that **knowingly** making **any false statement** in this Financial Statement, Affidavit of Indigency, and Request for Reduced GPMS Costs may subject me to the penalties for perjury as contained in KRS Chapter 523, **exposing me to a maximum sentence of five (5) years imprisonment**. I declare under the penalty of perjury that I have read or have had read to me the above Financial Statement and Affidavit of Indigency and that the information contained within is true, complete, and accurate to the best of my knowledge. I also further swear to timely inform the Court of any significant changes in any of the information in the above Affidavit of Indigency.

\_\_\_\_\_, 2\_\_\_\_

Date

\_\_\_\_\_

Affiant's Signature

\_\_\_\_\_, 2\_\_\_\_

Date

\_\_\_\_\_

Signature/Title of Officer Administering Oath



**RESPONDENT'S FINANCIAL STATEMENT,  
AFFIDAVIT OF INDIGENCY, REQUEST FOR  
REDUCED GPMS COSTS, AND ORDER**

Case No.

Court \_\_\_\_\_

County

Division \_\_\_\_\_

**ORDER**

Based upon the above attested statements, IT IS HEREBY ORDERED:

1. The Affiant, \_\_\_\_\_,

is NOT indigent based upon the foregoing Financial Statement and Affidavit, and the Request for Reduced Global Positioning Monitoring System Costs is DENIED. (Doc Code: OIGPSD)

is indigent based upon the foregoing Financial Statement and Affidavit, and the Request for Reduced Global Positioning Monitoring System Costs is GRANTED. (Doc Code: OIGPSG)

2. A partial fee for Reduced Global Positioning Monitoring System Costs:

is NOT assessed.

is assessed in the amount of \$ \_\_\_\_\_ to be paid in the manner set forth in the GPMS Order and Notification issued by this Court on \_\_\_\_\_, 2\_\_\_\_\_.

may be reserved for a later date.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Copies to:

Court File

Respondent

GPMS Provider: \_\_\_\_\_