

\_\_\_\_ Civil  
\_\_\_\_ Criminal      \_\_\_\_ Incarcerated      \_\_\_\_ On Supervised Release      \_\_\_\_ Neither

**United States Department of Justice**  
Office of the United States Attorney  
District of Idaho

**Financial Statement of Debtor**  
(Submitted for Government Action on Claims  
Due the United States of America)

Authority for the solicitation of the requested information is one or more of the following 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1993); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 C.F.R. 101, *et seq.*; 28 C.F.R. 0.160.0.171 and Appendix to Subpart Y. Fed. R. Civ. P. 33(a), 28 U.S.C. 1651, 3201, *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File System published in Vol. 42 of the Federal Register, Justice/CTV-001 at page 5332 Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410, Justice/CRIM-016 at page 12774. Disclosure of information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal means.

NOTE: Use additional sheets where space on this form is insufficient or continue on reverse side of form if additional space is needed.

## I. BACKGROUND INFORMATION

1. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

2. Other Names Used: \_\_\_\_\_

3. Birth Date (Month/Day/Year): \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Driver License Number: \_\_\_\_\_

Indicate the State where your driver license was issued: \_\_\_\_\_

6. Education:  Less than 12 Years       High School Diploma, GED, or Equivalent  
 Vocational School       Junior College \_\_\_\_\_ Years Attended  
 University \_\_ Years Attended       Post Graduate Education \_\_\_\_\_ Years Attended  
Degrees Earned: \_\_\_\_\_

Professional Licenses Obtained:

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

9. Do you plan to move from your current address within the next six months?  Yes  No

If Yes, indicate the date you plan to move: \_\_\_\_\_

List your future address, if known:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Father's Name: \_\_\_\_\_

11. Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Father's Phone #: \_\_\_\_\_

13. Mother's Name: \_\_\_\_\_

14. Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15. Mother's Phone #: \_\_\_\_\_

16. Current Marital Status:  Single  Married  Divorced  Legally Separated

**If Married, Answer All Questions Related to Your Spouse.**

17. Spouse's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

18. Spouse's Birth Date: (Month/Day/Year): \_\_\_\_\_

19. Spouse's Social Security #: \_\_\_\_\_

20. Spouse's Drivers License #: \_\_\_\_\_

21. Spouse's Address, if different from your own: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

22. List Dependents (include step-children, foster children, and children from pervious marriages):

Name of Dependant	Social Security Number	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## II. EMPLOYMENT INFORMATION

1. Do You Own a Business?  Yes  No If Yes, answer questions 2 - 6.
2. Name of Business: \_\_\_\_\_
3. Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Business Phone #: \_\_\_\_\_ Business Cellular Phone #: \_\_\_\_\_
5. Percent Ownership of Business: \_\_\_\_\_
6. How long have you owned this business? \_\_\_\_\_
7. Are you currently employed?  Yes  No If Yes, answer questions 8 - 12.
8. Job Title: \_\_\_\_\_
9. Name of Employer: \_\_\_\_\_
10. Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
11. Business Phone #: \_\_\_\_\_
12. Years With This Employer: \_\_\_\_\_ Date Employment Commenced: \_\_\_\_\_
13. List all previous employment for the last three years:
- | Employer Name | Employer Address | Employer Phone Number | Dates of Employment |
|---------------|------------------|-----------------------|---------------------|
| _____         | _____            | _____                 | _____               |
| _____         | _____            | _____                 | _____               |
| _____         | _____            | _____                 | _____               |
| _____         | _____            | _____                 | _____               |
14. Are you a member of a union?  Yes  No If Yes, answer question 15 - 16
15. Name of Union: \_\_\_\_\_
16. Years of Membership: \_\_\_\_\_

17. Are you currently an active member of the Armed Forces, including National Guard, Coast Guard, or Reserves?

Yes \_\_\_\_\_  
  Branch  Rank  Grade

No

18. Does your spouse own a business?  Yes  No      If Yes, Answer Questions 19 - 23

19. Name of Spouse's Business: \_\_\_\_\_

20. Spouse's Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

21. Spouse's Business Phone #: \_\_\_\_\_ Business Cellular Phone #: \_\_\_\_\_

22. Spouse's Percent Ownership of Business: \_\_\_\_\_

23. How Long Has Your Spouse Owned This Business? \_\_\_\_\_

24. Is Your Spouse Currently Employed?  Yes  No      If Yes, Answer Questions 25 - 28.

25. Spouse's Job Title: \_\_\_\_\_

26. Name of Spouse's Employer: \_\_\_\_\_

27. Spouse's Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

28. Spouse's Business Phone #: \_\_\_\_\_

### III. INCOME

**If You Are Unemployed, Skip To Question 6:**

	<i>Monthly</i>	<i>Yearly</i>
1. Gross Income from your business:	_____	_____
2. Net Income from your business:	_____	_____

\* If you own your own business please attach your ANNUAL PROFIT AND LOSS STATEMENT

3. Gross Income from your spouses business:	_____	_____
4. Net Income from your spouses business:	_____	_____

\* If your spouse owns their own business please attach their ANNUAL PROFIT AND LOSS STATEMENT

5. Monthly Salary From Your Employment:

<b>Gross Monthly Salary</b> .....	\$	
<b><i>Deductions</i></b>		
• Federal Income Tax Withholding.....	\$	
• Social Security (FICA) & Medicare Withholding.....	\$	
• Health Insurance .....	\$	
• Life Insurance.....	\$	
• Mandatory Pension Plan .....	\$	
• Voluntary Retirement Plan (IRA, 401(k), etc.) .....	\$	
• Other (describe) .....	\$	
• Other (describe) .....	\$	
<b>Total Deductions</b> .....	\$	
<b>Net Monthly Salary</b> (Gross Monthly Salary minus Total Deductions .....	\$	

6. Monthly Salary From Your Spouses Employment:

<b>Gross Monthly Salary</b> .....		
<b>Deductions</b>		
• Federal Income Tax Withholding.....		
• Social Security (FICA) & Medicare Withholding.....		
• Health Insurance.....		
• Life Insurance.....		
• Mandatory Pension Plan.....		
• Voluntary Retirement Plan (IRA, 401(k), etc.).....		
• Other (describe).....		
• Other (describe).....		
<b>Total Deductions</b> .....		
<b>Net Monthly Salary</b> (Gross Monthly Salary minus Total Deductions .....		

**If You Are Employed, Skip To Question 10:**

7. Do you receive unemployment benefits?  Yes  No

If Yes, how many weeks of eligibility do you have remaining: \_\_\_\_\_

If No, have you applied for unemployment benefits?  Yes  No

8. Do you have a job that you expect to take in the future?  Yes  No

If Yes, provide the anticipated start date of employment, and the name, address, and telephone number of that employer:

Start Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

9. From what additional sources do you receive money to support yourself if you are unemployed?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL SOURCES OF INCOME:

	<i>Monthly</i>	<i>Yearly</i>
10. Bonus Income	_____	_____
11. Rental Income:	_____	_____
12. Interest Income:	_____	_____
13. Dividend Income:	_____	_____
14. Income From Relatives:	_____	_____
15. Alimony and/or Child Support Received:	_____	_____
16. AFDC and/or Food Stamps:	_____	_____
17. Pension, Retirement, Social Security, Profit-Sharing Plan income received now and anticipated to receive over the next 12 months:	_____	_____
Date to begin receiving in the future: _____		
18. Disability Insurance Income Received:	_____	_____
19. Other Periodic Income, such as Rebates, Lottery Winnings, Tax Refunds, Royalties, User Fees, etc., Provide Details Below:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
20. <b>TOTAL INCOME FROM ALL SOURCES:</b>	_____	_____

**IV. MONTHLY EXPENSES**

<b>1. Housing</b>		
• Rent or Home Mortgage Payment .....	\$	
• Home Maintenance or Repairs .....	\$	
• Other (describe here) .....	\$	
Total Housing .....		\$
<b>2. Utilities</b>		
• Electricity, gas and home heating fuel .....	\$	
• Water and Sewer .....	\$	
• Home Telephone .....	\$	
• Cellular Telephone.....	\$	
• Internet Access.....	\$	
• Cable Television .....	\$	
• Other (describe here _____) .....	\$	
Total Utilities .....		\$
<b>3. Insurance (not deducted from wages or mortgage payment)</b>		
• Life Insurance .....	\$	
• Health Insurance .....	\$	
• Homeowner's or Renter's Insurance .....	\$	
• Car Insurance .....	\$	
• Other (describe here _____) .....	\$	
Total Insurance .....		\$
<b>4. Transportation</b>		
• Car Payment .....	\$	
• Gas .....	\$	
• Routine Maintenance .....	\$	
• Other (describe here _____) .....	\$	
Total Transportation .....		\$
<b>5. Food</b>		
• Groceries .....	\$	



• Restaurant Meals .....	\$	
• Other (describe here _____)	\$	
Total Food .....		\$
<b>6. Personal Care</b>		
• Clothing .....	\$	
• Laundry and Dry Cleaning .....	\$	
• Other (describe here _____)	\$	
Total Personal Care .....		\$
<b>7. Dependants</b>		
• Child Care / Day Care .....	\$	
• Tuition .....	\$	
• Child Support/Alimony.....	\$	
• Other (describe here _____)	\$	
Total Dependand Expenses .....		\$
8. Medical and Dental Expenses (not covered by insurance) .....		\$
9. Total Charitable Contributions .....		\$
10. Total Recreational and Entertainment Expenses .....		\$
11. Personal Legal and Accounting Services .....		\$
<b>12. Monthly Creditor Payments (Student Loans, Credit Cards, and Other General Debts Paid Monthly)</b>		
List Creditors Below:		
• _____	\$	
• _____	\$	
• _____	\$	
• _____	\$	
• _____	\$	
Total Creditor Monthly Expenses .....		\$
<b>TOTAL MONTHLY EXPENSES</b> .....		\$

## V. ASSETS

1. Real Property (list each piece of property separately):		Current Value	Current Equity
_____	_____	\$ _____	\$ _____
Address _____	City _____ State _____ Zip _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Address _____	City _____ State _____ Zip _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Address _____	City _____ State _____ Zip _____	\$ _____	\$ _____
2. If any of the real property listed above is encumbered by any type of lien or mortgage, then list:			
a. Description of Property: _____			
b. Nature of Encumbrance: _____			
c. Date of Encumbrance: _____			
d. Amount of Encumbrance: _____			
e. Name and Address of Encumbrance Holder: _____			
3. Motor Vehicles, Aircraft and Water Vessels (list each separately):		Current Value	Current Equity
_____	_____	\$ _____	\$ _____
Make _____	Model _____ Year _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Make _____	Model _____ Year _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Make _____	Model _____ Year _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Make _____	Model _____ Year _____	\$ _____	\$ _____
4. Personal Checking Account Holder		Account Number	Account Balance
_____	Name of Financial Institution _____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____

<p>5. Personal Savings Account Holder</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Account Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>6. Business Checking Account Holder</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Account Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>7. Business Savings Account Holder</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Account Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>8. Retirement Accounts and Pensions (including IRAs, ERISA, Keogh, etc)</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Current Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>9. Annuities</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Current Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>10. Certificates of Deposit</p> <hr/> <hr/> <hr/>	<p>Name of Financial Institution</p> <hr/> <hr/> <hr/>	<p>Account Number</p> <p># _____</p> <p># _____</p> <p># _____</p>	<p>Current Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

11. Stocks, Bonds, or Other Sureties   	Name of Financial Institution   	Account Number # _____ # _____ # _____	Current Balance \$ _____ \$ _____ \$ _____
12. Cash Surrender Value of Insurance Policies   	Name of Financial Institution   	Account Number # _____ # _____ # _____	Current Balance \$ _____ \$ _____ \$ _____
13. Other Personal or Business Monetary Investments   	Name of Financial Institution   	Account Number # _____ # _____ # _____	Current Balance \$ _____ \$ _____ \$ _____
14. Other Personal or Business Accounts   	Name of Financial Institution   	Account Number # _____ # _____ # _____	Current Balance \$ _____ \$ _____ \$ _____
15. Safe Deposit Box Location  	Co-Owners  	Contents  	Value \$ _____ \$ _____
16. Money, or other asset, held by someone else on your behalf:   			Value \$ _____ \$ _____ \$ _____
17. Anticipated Inheritance 			Value \$ _____
18. Lawsuit in which you might receive something of value 			Value \$ _____

19. Alimony, maintenance, support, and property settlements to which you may be entitled:	Value \$ _____
20. Books, art objects, antiques, stamp or coin collections, and any other collectible:	Current Value: \$ _____
21. Firearms, sporting goods, and other hobby equipment:	Current Value: \$ _____
22. Television sets, video cassette recorders, DVD players, computers, CD players, video cameras, photographic equipment and any other electronic devices:	Current Value: \$ _____
23. Wearing apparel, furs and jewelry:	Current Value: \$ _____
24. Tools	Current Value: \$ _____
25. Home Furnishings:	Current Value: \$ _____
26. Office Equipment, furnishing and supplies:	Current Value: \$ _____
27. Farming equipment and implements, animals, crops, supplies, chemicals, feed, etc.:	Current Value: \$ _____

## VI. LIABILITIES

<p>1. Credit Cards</p> <p style="text-align: center;">Creditor</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">Type of Loan</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>2. Other Loans</p> <p style="text-align: center;">Creditor</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">Type of Loan</p> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>3. Anticipated money owed in a pending judgment or claim, describe:</p> <hr/> <hr/> <hr/> <hr/>		<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Other liabilities, describe:</p> <hr/> <hr/> <hr/> <hr/>		<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## VII. ADDITIONAL INFORMATION

1. If you currently rent the premises where you live, indicate the name and address of your landlord:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. If you neither own, nor rent your residence, then state the name of the owner of the property in which you live and the arrangement by which you occupy the premises without payment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate the date your last tax return was filed: \_\_\_\_\_

4. Do you anticipate receiving an income tax refund this year?  Yes  No  
 If Yes, provide the approximate amount you expect to receive: \$ \_\_\_\_\_

5. List All Transfers of Property of \$1000.00 or more, including cash (by loans, gifts, sales, etc.) that you have made within the last six years:

Date	Amount	Property Transferred	To Whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Are you a Trustee, Executor, Beneficiary, or Administrator under any will or testament, insurance policy, or trust agreement?  Yes  No

If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Are you affiliated with a Partnership or Joint Venture?  Yes  No

If yes, provide details:

Partnership or Joint Venture Name: \_\_\_\_\_

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

Date Created: \_\_\_\_\_

Current Capital Balance: \_\_\_\_\_

Partners/Associates:	Ownership Percentage	Income Sharing Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Attach a Copy of Your Last Filed Income Tax Return

**VIII. VERIFICATION**

PLEASE READ CAREFULLY BEFORE SIGNING:

WITH THE KNOWLEDGE OF THE PENALTIES FOR FALSE STATEMENTS PROVIDED BY 18 UNITED STATES CODE SECTION 1001 (FINE AND/OR UP TO FIVE YEARS IMPRISONMENT) AND WITH KNOWLEDGE THAT THIS FINANCIAL STATEMENT IS SUBMITTED BY ME TO AFFECT ACTION BY THE UNITED STATES DEPARTMENT OF JUSTICE, I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND THAT IT IS A COMPLETE STATEMENT OF ALL MY INCOME AND ASSETS, REAL AND PERSONAL, WHETHER HELD IN MY NAME OR BY ANY OTHER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you were assisted by someone in filling out this financial statement please state name and relationship, and have the person sign below.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PROPOSAL OF PAYMENT**

I \_\_\_\_\_ PROPOSE TO PAY MY DEBT IN MONTHLY  
First Name Last Name

INSTALLMENTS OF \$ \_\_\_\_\_ PER MONTH BEGINNING \_\_\_\_\_  
Amount Month/Day/Year

WITH AN IMMEDIATE PAYMENT OF \$ \_\_\_\_\_.  
Amount

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**U.S. Department of Justice**  
United States Attorney  
District of Idaho

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**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

In connection with the financial investigation being conducted by the United States Attorney's Office, I

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**FULL NAME PRINTED**

hereby authorizes any authorized representative of the United States Attorney bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to employment, military, credit, education, or business records, including, but not limited to, attendance, licencing, disciplinary, credit, medical, financial, city, state, and federal tax records, returns and supporting documentation, bank records, and/or records maintained by any city, state, and/or federal agency. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that information will be used in connection with the consideration of my liability on a debt claimed by the United States and financial ability to pay said debt. Information will be disseminated only to those individuals and agencies directly involved in this determination or to fulfill other obligations imposed by law, regulation, presidential directive or executive order.

I hereby release you, as the custodian of such records, the school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, insurance company, or public agency, including officers, directors, employees, or related personnel, both individually or collectively, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Resident Street Address, City, State, Zip Code

\_\_\_\_\_  
Area Code - Phone Number