

State of Delaware
Office of State Court Collections Enforcement
414 Federal St, Rm 175
Dover, DE 19901 (302)735-1980

**Affidavit and
Defendant's Financial Statement**

Defendant									
Name: (First, Middle, Last)					Nickname, Maiden Name:				
Social Security No:		Date of Birth:		Age:	Student: Part time ___ Full Time ___ N/A ___			College/University/School:	
Current Address: ___ House ___ Apt./Bldg. # ___ ___ Mobile Home Lot # ___ ___ Other ___								How Long?	
Previous Address:								How Long?	
Permanent Mailing Address: (if student, list parent's name and address)									
Home Phone No:		Work Phone No:		Message Phone No:		Languages Spoken: English ___ Spanish ___ Other ___			
Driver's License No:		State:	Expiration Date:		Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widow or Widower ___				
No. of Dependents: Spouse ___ Children (ages) ___ Other(Relationship) ___								Total Dependents:	
Employer: (Name and Address)				Supervisor's Name:			Phone No:		
How Long?	Your Title:		Hours per Week:		Hourly Rate	Pay Schedule: Weekly ___ Biwly ___ Other ___			Date of Next Check:
Payroll Deductions: ___ Health Ins. ___ Savings ___ Garnishments ___ ___ Life Ins. ___ Child Support ___ Other ___			If Unemployed: Your Trade ___		Are you seeking employment? Yes ___ No ___		How long have you been unemployed? ___ Weeks		
Military: (Branch)		Rank:		___ Active ___ Reserves ___ National Guard		Years:		Meal Card: Yes ___ No ___	
Company/Unit assigned to:				First Sgt.:		Phone No.:		Serial No.:	

Spouse									
Name: (First, Middle, Last)					Nickname, Maiden Name:				
Social Security No:			Employer: (Name and Address)				Sup. Name:		Phone No.:
How Long?	Title:		Hours per Week:		Hourly Rate	Pay Schedule Weekly ___ Biwly ___ Other ___			Date of Next Check

Monthly Income Received		Monthly Expenses Paid	
Net Take-Home Pay (Self)	_____	*Mortgage/Rent (your portion)	_____
Net Take-Home Pay (Spouse)	_____	Utilities (your portion)	_____
Unemployment	_____	Electric	_____
Worker's Compensation	_____	Gas	_____
Welfare	_____	Phone	_____
(Type)	_____	Water	_____
Social Security	_____	Cable TV	_____
Child Support	_____	Total (Post Above)	_____
Alimony/Maintenance	_____	Vehicle Loan(s)	_____
Disability	_____	*Vehicle Insurance	_____
Veteran's Benefits	_____	*Life/Health Insurance	_____
Parents	_____	*All Bank Credit Cards	_____
Accident Benefits	_____	*All Other Credit Cards/Charge Accts.	_____
Allotment Checks	_____	*Loans (personal, student, bank)	_____
Interest	_____	*Medical/Hospital/Dental	_____
Dividends	_____	Child Care	_____
Other	_____	Child Support	_____
Other	_____	*Probation	_____
		*Counseling	_____
		Other	_____
Total Monthly Household Income	_____	Total Monthly Household Expenses	_____
		*Detail on next page	

Detailed Monthly Expenses		Status C=Current P=Past Due	Amount Owing	Due Date	Monthly Payment
Landlord's Name and Address					
Bank:(Lending institution name and address)	Original Amount				
Credit Card: (Financial Institution) __VISA __MC __Discover	Credit Limit				
Credit Card: (Financial Institution) __VISA __MC __Discover	Credit Limit				
Other Credit Cards/Charge Accounts: (Dept. stores, gas, phone, etc.)	Credit Limit				
1					
2					
3					
4					
5					
6					
Medical: (Doctor, dental, clinic hospital)	Original Amount				
1					
2					
3					
4					
5					
6					
Personal Loan:					
Student Loan:					
Credit Union Loan:					
Vehicle Loan: __Car __Truck __Motorcycle					
Vehicle Insurance: __Car __Truck __Motorcycle					
Life/Health Insurance:					
Probation Officer: (Name and Phone No.)	Probation Term				
Counseling:					

Assets					
Vehicle #1 (Make, Model)	Year:	Plate No.:	State:	Expiration Date:	Value:
Vehicle #2 (Make, Model)	Year:	Plate No.:	State:	Expiration Date:	Value:
Bank Account: (Name and Address)		Type: Chkg Savings		Balance	
Bank Account: (Name and Address)		Type: Chkg Savings		Balance	
Credit Union Account: (Name and Address)		Type: Chkg Savings		Balance	
Credit Union Account: (Name and Address)		Type: Chkg Savings		Balance	
Investment Account: (Name of IRAs, stocks, etc.)		Type:		Value	
Personal Assets: (Boats, jewelry, cash values, farm machinery)				Value	

References		
Full name and address or nearest relative not living with you:	Relationship	Phone No.:
Full name and address or nearest relative not living with you:	Relationship	Phone No.:
Full name and address of relative living with you:	Relationship	Phone No.:
Full name and address of relative living with you:	Relationship	Phone No.:

Comments:

I swear (affirm) under the penalty of perjury that the preceding information is true and correct.
 I understand that providing false and/or incomplete information to the Court may result in further legal action against me.
 The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Defendant's Signature:

Date:
