

VERIFICATION AGREEMENT

I, _____ (name) authorize _____ (name of employer/institution) to release my employment or financial information to a court official.

My employment information:

Job title: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's name: _____

Work Phone: _____

Hours of Work: _____

Pay rate: _____

My financial information:

Name of Financial Institution: _____

Account number: _____

Balance: _____

Signature of Employee/Person Subject to Financial Information

By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20__

Clerk's Signature