

**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