

Insert name of court, judicial district or branch court, if any, and post office and street address: _____	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA Defendant:	
DEFENDANT'S FINANCIAL STATEMENT AND NOTICE TO DEFENDANT <input type="checkbox"/> ELIGIBILITY FOR APPOINTMENT OF COUNSEL <input type="checkbox"/> REIMBURSEMENT FOR COST OF COURT APPOINTED COUNSEL	CASE NUMBER:

1. a. Defendant's name: d. Date of birth:
 b. Other names used: e. Telephone number:
 f. Driver's license number:
 c. Address:

2. I am am not married.

3. a. Spouse's name: d. Date of birth:
 b. Other names used: e. Telephone number:
 f. Driver's license number:
 c. Address:

4. Defendant's Present Employment:
 a. Occupation:
 b. Name of employer:
 c. Address:
 d. Gross pay per month: \$ _____ week: \$ _____ day: \$ _____
 e. Take home pay per month: \$ _____ week: \$ _____ day: \$ _____
 f. Name of union:
 g. Name of credit union:

5. If you are not now working, state the name and address of your last employer and the last day you were employed.
 a. Name:
 b. Address:
 c. Last date of employment:

6. Spouse's Present Employment:
 a. Occupation:
 b. Name of employer:
 c. Address:
 d. Gross pay per month: \$ _____ week: \$ _____ day: \$ _____
 e. Take home pay per month: \$ _____ week: \$ _____ day: \$ _____
 f. Name of union:
 g. Name of credit union:

7. If spouse is not now working, state the name and address of spouse's last employer and the last day spouse was employed.
 a. Name:
 b. Address:
 c. Last date of employment:

8. DEPENDENTS

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
-------------	----------------	---------------------	------------

(Continued on reverse side)

OTHER MONTHLY INCOME

9. Defendant Spouse
a. Unemployment and disability
b. Social Security
c. Welfare, AFDC
d. Veteran's benefits
e. Worker's Compensation
f. Child support payments
g. Spousal support payments
h. All other income not elsewhere listed
Total: \$

EXPENSES

10. Monthly expenses being paid by defendant alone or by defendant and spouse
a. Rent or house payment
b. Car payments
c. Transportation payments
d. Medical and dental payments
e. Loan payments
f. Clothing and laundry
g. Food
h. Support payments
i. Insurance payments
j. Other payments (union, taxes, utilities)
Total (a-j): \$

11. Installment Payments, other than listed in item 10.

Table with 3 columns: Name of Creditor, Monthly Payment, Balance Owed. Rows a-e and Total.

ASSETS

12. What do you own? (State value.)
a. Cash
b. House equity
c. Cars, other vehicles and boat equity
d. Checking, savings and credit union accounts
e. Other real estate equity
f. Income tax refunds due
g. Life Insurance Policies
h. Other personal property
Total: \$

13. ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO DEFENDANT: If an attorney is appointed to represent you the court will, at the conclusion of the criminal proceedings, after a hearing, make a determination of your ability to pay all or a portion of the cost of the attorney.

Declaration of Defendant

I declare under penalty of perjury that the foregoing is true and correct and that I understand the notice contained in item 13, and that this declaration was executed on (Date): at (County):, California.

(Signature of Defendant)