

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	
DEFENDANT'S FINANCIAL STATEMENT <i>(check all that apply)</i> <input type="checkbox"/> ELIGIBILITY FOR APPOINTMENT OF COUNSEL <input type="checkbox"/> ELIGIBILITY FOR RECORD ON APPEAL AT PUBLIC EXPENSE	CASE NUMBER:

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

2. 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: _____

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

4. Defendant is is not married.

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

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 date spouse was employed.
 - a. Name: _____
 - b. Address: _____
 - c. Last date of employment: _____

8. Dependents	Name	Address	Relationship	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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9.	<u>Defendant</u>	OTHER MONTHLY INCOME	<u>Spouse</u>
	a. Unemployment and disability	\$ _____	a. Unemployment and disability
	b. Social Security	\$ _____	b. Social Security
	c. Welfare, TANF	\$ _____	c. Welfare, TANF
	d. Veteran's benefits	\$ _____	d. Veteran's benefits
	e. Worker's compensation	\$ _____	e. Worker's compensation
	f. Child support payments	\$ _____	f. Child support payments
	g. Spousal support payments	\$ _____	g. Spousal support payments
	h. All other income not elsewhere listed	\$ _____	h. All other income not elsewhere listed
	Total:	\$ _____	Total:

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

11. Installment payments other than those listed in item 10.			
	<u>Name of Creditor</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
a.	_____	\$ _____	\$ _____
b.	_____	\$ _____	\$ _____
c.	_____	\$ _____	\$ _____
d.	_____	\$ _____	\$ _____
e.	_____	\$ _____	\$ _____
		Total:	Total:

ASSETS			
12. What do you own? (State value):			
	a. Cash	\$ _____	
	b. House equity	\$ _____	
	c. Cars, other vehicles and boat equity (List make, year, and license number of each)	\$ _____	
	d. Checking, savings, and credit union accounts (List name and account number of each)	\$ _____	
	e. Other real estate equity	\$ _____	
	f. Income tax refunds due	\$ _____	
	g. Life insurance policies (ordinary life, face value)	\$ _____	Length of ownership _____
	h. Other personal property (jewelry, furniture, furs, stocks and bonds, etc.)	\$ _____	
		Total:	

Declaration of Defendant

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: _____

SIGNATURE OF DEFENDANT