

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
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.
d. Date of birth:
e. Telephone number:
f. Driver's license number:

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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CASE NUMBER:

DEFENDANT:

		OTHER MONTHLY INCOME	Spouse
9.	<u>Defendant</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.

Name of Creditor

- a. _____
b. _____
c. _____
d. _____
e. _____

Monthly PaymentBalance Owed

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Total:\$ _____	Total:\$ _____

12. What do you own? (State value):

ASSETS

- 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)
h. Other personal property (jewelry, furniture, furs, stocks and bonds, etc.)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
Total: \$ _____

Length of ownership _____

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