



Superior Court of California  
County of San Luis Obispo  
Comprehensive Collections Unit  
CRIMINAL DIVISION

Instructions, Petition and Declaration to Appear in Court  
ON A FAILURE TO APPEAR CASE

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

Vs.

Name:

Address:

City:

State:

Zip:

Defendant,

Case Number/ Docket Number:

If you do not complete the Petition and PROVIDE DOCUMENTATION OR THE REQUIRED FINANCIAL DECLARATION, the Court will not consider your Petition.

I request to appear in court and have posted the full bail due at this time, including civil assessments.

I request to appear in court without posting bail; the completed Financial Declaration form is attached.

This form is not applicable if you appeared in court and failed to pay the fine amount ordered.

YOU MUST ATTACH YOUR DOCUMENTATION IN SUPPORT OF THIS REQUEST

Please state your reason(s) below for petitioning to appear in court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the Laws of the State of California that all of the information contained in this Petition, and the documents attached, are true and correct.

Defendant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*below for Court use only\*\*\*\*\*

Petition Approved / Denied by \_\_\_\_\_  
Court Officer

Date \_\_\_\_\_

Please return the petition by mail to the  
Fiscal Department  
c/o 1050 Monterey Street, Rm 220  
San Luis Obispo, CA 93408

FINANCIAL DECLARATION – CRIMINAL FAILURE TO APPEAR

Case Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Children: Number \_\_\_\_\_ Ages \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

**EMPLOYMENT RECORD**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Type of Job: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ (Week / Month)

Take Home: \$ \_\_\_\_\_ (Week / Month)

**SPOUSE EMPLOYMENT**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Type of Job: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ (Week / Month)

Take Home: \$ \_\_\_\_\_ (Week / Month)

**OTHER INCOME**

Unemployment & Disability \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Welfare, AFDC \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Child Support Payments \$ \_\_\_\_\_

Support from Parents \$ \_\_\_\_\_

All Other Income \$ \_\_\_\_\_

**LIST YOUR MONTHLY EXPENSES**

Rent or House Payment \$ \_\_\_\_\_

Car Payments \$ \_\_\_\_\_

Medical Payments \$ \_\_\_\_\_

Loan Payments \$ \_\_\_\_\_

Clothing & Laundry \$ \_\_\_\_\_

Other Payments \$ \_\_\_\_\_

**WHAT DO YOU OWN? LIST VALUE**

Cash \$ \_\_\_\_\_

House: \$ \_\_\_\_\_

Cars & Other Vehicles: \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

Bank Accounts: \$ \_\_\_\_\_

Name of Bank Branch

**WHO DO YOU OWE?**

Name Monthly Payment Balance Owed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the foregoing Financial Declaration is true and correct and if sworn as a witness, I could testify competently thereto.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner