

<p style="text-align: center;">Superior Court of California, County of San Luis Obispo</p> <p><input type="checkbox"/> San Luis Obispo Branch, County Government Center, 1050 Monterey Street, Room 220, San Luis Obispo, CA 93408</p> <p><input type="checkbox"/> Grover Beach Branch, 214 South 16th Street, Grover Beach, CA 93433</p> <p><input type="checkbox"/> Paso Robles Branch, 549 10th Street, Paso Robles, CA 93446</p>	FOR COURT USE ONLY
<p>THE PEOPLE OF THE STATE OF CALIFORNIA</p> <p style="text-align: right;">Plaintiff,</p> <p style="text-align: center;">vs.</p> <p style="text-align: right;">Defendant.</p>	
FINANCIAL DECLARATION	CASE NUMBER

NAME (PLEASE PRINT) _____ AGE: _____ SOCIAL SECURITY NO. _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: _____ (WORK) _____ DATE OF BIRTH: _____

I AM CHARGED WITH _____

I AM SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ COMMON LAW _____

I HAVE _____ DEPENDENTS WHOM I SUPPORT.

I AM NOT EMPLOYED _____

I AM EMPLOYED BY _____ SINCE _____ OCCUPATION _____

MY TAKE HOME PAY IS \$ _____ PER MONTH-WEEK.

MY SPOUSE IS NOT EMPLOYED _____

MY SPOUSE IS EMPLOYED BY _____ SINCE _____ OCCUPATION _____

AND TAKES HOME \$ _____ PER MONTH-WEEK.

I AM A FULL TIME _____ PART TIME _____ STUDENT AT _____

I AM NOT A STUDENT _____

I RECEIVE: WELFARE _____ UNEMPLOYMENT _____ IN THE AMOUNT OF \$ _____ PER MONTH.

IN ADDITION TO THE ABOVE I RECEIVE OTHER FINANCIAL AID IN THE AMOUNT OF \$ _____

PER MONTH FROM _____

I HAVE \$ _____ CASH ON HAND OR IN THE BANK.

I OWN REAL ESTATE LOCATED AT _____

WHICH IS VALUED AT \$ _____ AND I OWE \$ _____ TO _____

I OWN THE FOLLOWING PERSONAL PROPERTY (LIST ALL MOTOR VEHICLES, TOOLS, FURNITURE, SPORTING EQUIPMENT, JEWELRY, STOCKS AND BONDS, ETC., STATING THE VALUE AND AMOUNT OWED):

I WAS RELEASED ON MY OWN RECOGNIZANCE (O.R.) ON _____

I WAS RELEASED ON CASH BAIL _____ BAIL BOND _____ IN THE AMOUNT OF \$ _____

WHICH WAS PAID BY _____

I HAVE THE FOLLOWING MONTHLY EXPENSES:

RENT _____ HOUSE PAYMENT _____ UTILITIES _____

FOOD _____ CHILD SUPPORT _____ OTHER _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I AM UNABLE TO EMPLOY COUNSEL AND DESIRE THAT THE COURT APPOINT AN ATTORNEY TO REPRESENT ME. I REALIZE THAT I MAY BE REQUIRED TO REIMBURSE THE COUNTY FOR ALL OR PART OF THE COST OF SUCH LEGAL SERVICES IF I AM ABLE TO DO SO.

DATED: _____

 SIGNATURE