PLACER COUNTY
Application for Financial Evaluation to Determine Eligibility for Court-Appointed Counsel and Ability to Pay Fees

Acct. # _____

INSTRUCTIONS TO APPLICANT

- **Complete Application for Financial Evaluation**
- **Include proof of income such as copies of two recent pay stubs**
- **Copy of your latest Tax Return, SSI Unemployment or disability verification**

APPLICANT (LAST) (FIRST) (MIDDLE)	BIRTHDATE	☐ M ☐ F	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE # STATE

OTHER NAMES YOU HAVE USED IN LAST 10 YEARS INCLUDING MAIDEN NAME	STREET ADDRESS	CITY/STATE/ZIP	MARITAL STATUS

MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE

EMPLOYMENT AND POSITION (APPLICANT)	ADDRESS	CITY/STATE/ZIP	HOW LONG?	EMPLOYMENT PHONE

SPOUSE (LAST) (FIRST) (MIDDLE)	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE # STATE

EMPLOYMENT AND POSITION (SPOUSE)	ADDRESS	CITY/STATE/ZIP	HOW LONG?	EMPLOYMENT PHONE

E-MAIL ADDRESS (APPLICANT)	CELL PHONE (APPLICANT)	ATTORNEY NAME	ATTORNEY PHONE #

NAME OF FRIEND OR RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE

1. MINOR CHILDREN LIVING WITH YOU – NAMES AND AGES	2.	3.

BANK REFERENCE	BRANCH	ACCOUNT #	☐ CHECKING ☐ SAVINGS ☐ LOAN

HOUSEHOLD EXPENSES (Monthly)

SHARED WITH PERSON OTHER THAN SPOUSE? ☐ YES ☐ NO

YOUR MONTHLY SHARE:

☐ HOUSE PMT. ☐ RENT	$ _____
UTILITIES	$ _____
TELEPHONE	$ _____
FOOD	$ _____
AUTO FUEL	$ _____
AUTO INSURANCE	$ _____
CHILD CARE	$ _____
COURT-ORDERED SUPPORT	$ _____
PROGRAM FEES	$ _____

INCOME SOURCE	APPLICANT'S INCOME	SPOUSE'S INCOME
☐ FULL TIME ☐ PART TIME		
HOURS WORKED	_____ Hrs.	_____ Hrs.
HOURLY WAGE	$ _____	$ _____
MONTHLY INCOME	$ _____	$ _____
UNEMPLOYMENT/DISABILITY	$ _____	$ _____
SOCIAL SECURITY/VA BENEFITS	$ _____	$ _____
RETIREMENT/OTHER	$ _____	$ _____
WELFARE	$ _____	$ _____
CHILD SUPPORT/SPOUSAL SUPPORT	$ _____	$ _____
FOOD STAMPS	$ _____	$ _____

PLEASE LIST ALL MONTHLY PAYMENTS YOU ARE PRESENTLY PAYING

NAME OF CREDITOR	DATE DUE	REASON FOR ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
			$	$
			$	$
			$	$
			$	$

TYPE OF VEHICLE	YEAR	MAKE/MODEL	FINANCED BY

WARNING: Perjury is a felony punishable by confinement in a State Prison (Penal Code Sections 17[a], 118, 126, 127 and 672).

I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR THIS "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT.

_____
APPLICANT'S SIGNATURE

DATE _____

By entering your e-mail address,
You agree to accept all notices electronically.

AUTHORIZATION ON REVERSE SIDE MUST BE SIGNED

REV. 6/05

FINANCIAL ABILITY TO PAY

Pursuant to Penal Code 1203.1c, Government Code 27755 and 29550, and W&I Code 903.45, defendants have the following rights:

1. **The right to a court hearing to determine ability to reimburse the county for costs**
2. **The right to an attorney or to a court-appointed attorney if defendant cannot afford private counsel to represent defendant at the hearing**
3. **The right to testify and present witnesses on defendant's behalf**
4. **The right to confront and cross-examine witnesses**
5. **The right to have all evidence disclosed to defendant**
6. **The right to a written statement of the findings of the court**

If you fail to complete this evaluation, Placer County Revenue Services Division will recommend that the court order you to pay the full amount which will be entered as a money judgment.

I have been advised of the above rights. I understand these rights and agree to appear before Placer County Revenue Services Division for a financial evaluation of my ability to pay such costs. I also understand that my appearance for a financial evaluation does not prevent me from contesting the determination in court.

_____

APPLICANT'S SIGNATURE

DATE: _____

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the County of Placer and its duly authorized representatives to request a credit report, to contact any employer, bank, savings and loan, credit union, creditor, insurance company, Attorney at Law or governmental agency regarding my/our financial condition; and I/we further authorize such institution, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our assets, liabilities, policies, litigations, financial transactions and accounts.

AUTHORIZATION TO DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

_____:

I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to the County of Placer, Revenue Services Division and its duly authorized representatives any or all information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities, and financial transactions maintained by said financial institution.

_____	_____
APPLICANT'S SIGNATURE	**SPOUSE'S SIGNATURE**
DATE: _____	**DATE:** _____

WARNING!

Section 1788.20 & .21 of the California State Civil Code makes it a violation of law for any recipient of consumer credit to:

Submit false or inaccurate information or willfully conceal adverse information, bearing upon his/her credit worthiness, credit standing, or credit capacity,
OR
To fail to notify this office, within a reasonable period of time, of any change in name, address or employment.