

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address)</i>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF COLUSA</b> STREET ADDRESS: 532 Oak Street MAILING ADDRESS: 532 Oak Street CITY AND ZIP CODE: Colusa, CA 95932	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	
<b>PETITION</b>	CASE NUMBER: _____
<input type="checkbox"/> ABILITY TO PAY DETERMINATION (California Rules of Court 4.335)	<input type="checkbox"/> REDUCE OR VACATE CIVIL ASSESSMENT (California Rules of Court 4.106)

**CHARGES:** \_\_\_\_\_

**FINES/FEES:**

Total amount paid (if applicable): \_\_\_\_\_

Total remaining due (if applicable): \_\_\_\_\_

Number of previous applications filed: \_\_\_\_\_

**1. Please check one of the following regarding your household income:**

a.  I currently receive the following public assistance (check all that apply). **Verification of public assistance must be attached to Petition:**

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Security Income/SSI (this is not Social Security) | <input type="checkbox"/> County Relief/General Assistance               |
| <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI)                  | <input type="checkbox"/> In-Home Supportive Services (IHSS)             |
| <input type="checkbox"/> CalWORKS   | <input type="checkbox"/> Medi-Cal                                       |
| <input type="checkbox"/> State Supplemental Payment (SSP)                               | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families |
| <input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program)           |   |

b.  I do not currently receive public assistance. My gross monthly income is \$ \_\_\_\_\_ and a total of \_\_\_\_\_ dependents live in the household. (Questions 2-6 must be answered in order for your petition to be **considered** and a **copy of the most recent pay stub must be included**). If you need more space, attach a sheet of paper and write Financial Information and your name and case number at the top. **Verification of income must be attached.**

2.  Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months:

**3. Your Gross Monthly Income**

a. List the source and amount of *any* income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling, or lottery winnings etc.

- |           |    |       |
|-----------|----|-------|
| (1) _____ | \$ | _____ |
| (2) _____ | \$ | _____ |
| (3) _____ | \$ | _____ |
| (4) _____ | \$ | _____ |

b. Your total monthly income: \$ \_\_\_\_\_

**4. Household Income:**

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or part for support

	Name	Age	Relationship	Gross Monthly Income
(1)	_____	_____	_____	\$ _____
(2)	_____	_____	_____	\$ _____
(3)	_____	_____	_____	\$ _____
(4)	_____	_____	_____	\$ _____

b. Your total monthly income: \$ \_\_\_\_\_  
 c. Total monthly income and household income (3b plus 4b): \$ \_\_\_\_\_

**5. Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount)

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

c. Cars, Boats, and other vehicles

	Make/Year	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

d. Real Estate

	Address	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Describe	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

DEFENDANT

6. Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below.

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_

- b. Rent or house payment & maintenance \$ \_\_\_\_\_
- c. Food and household supplies \$ \_\_\_\_\_
- d. Utilities and telephone \$ \_\_\_\_\_
- e. Clothing \$ \_\_\_\_\_
- f. Laundry and cleaning \$ \_\_\_\_\_
- g. Medical and dental expenses \$ \_\_\_\_\_
- h. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- i. School, child care \$ \_\_\_\_\_
- j. Child, spousal support (another marriage) \$ \_\_\_\_\_
- k. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- l. Installment payments (list each below):

Paid to:

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages, earnings withheld by court order \$ \_\_\_\_\_

n. Any other monthly expenses (list each below):

Paid to:

How Much?

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_

Total Monthly Expenses (add 6a-7n) \$ \_\_\_\_\_

o. Any other facts you want the court to know related to your ability to pay, indicate below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

\_\_\_\_\_  
(Petitioner's Name - Print)

\_\_\_\_\_  
(Petitioner's Signature)