

NAME: _____ AGE: _____ DATE OF BIRTH: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 TELEPHONE: _____ SOCIAL SECURITY#: _____
 MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED
 NUMBER OF CHILDREN LIVING AT HOME THAT YOU SUPPORT: _____
 COURT-ORDERED CHILD SUPPORT WHICH YOU PAY MONTHLY CHILD SUPPORT: \$ _____

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO
 EMPLOYER & ADDRESS: _____ PHONE #: _____
 PHONE #: _____ HOW LONG EMPLOYED: _____ YOUR GROSS MONTHLY SALARY: \$ _____
 IF NOT EMPLOYED, WHEN DID YOU LAST WORK? _____ WHERE? _____
 SPOUSE'S EMPLOYER & ADDRESS: _____ PHONE#: _____
 SPOUSE'S GROSS MONTHLY INCOME: \$ _____

OTHER INCOME (Monthly):

UNEMPLOYMENT	DISABILITY	RETIREMENT	CHILD SUPPORT	SPOUSAL SUPPORT
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
GR	SOCIAL SECURITY	SSI	AFDC	OTHER
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

HOUSING: RENTING BUYING MONTHLY PAYMENT: \$ _____
 WHO DO YOU LIVE WITH? SPOUSE PARENTS/GUARDIAN OTHER _____

MOTOR VEHICLES (Including motorcycles, boats, motor homes, trailers/etc.)

YEAR & MAKE: _____ OWN MONTHLY PAYMENT: \$ _____
 YEAR & MAKE: _____ OWN MONTHLY PAYMENT: \$ _____

CREDITORS: (Such as Visa, Sears, medical bills, etc.)

CREDITOR: _____ MONTHLY PAYMENT: \$ _____
 CREDITOR: _____ MONTHLY PAYMENT: \$ _____
 CREDITOR: _____ MONTHLY PAYMENT: \$ _____

ASSETS:

IMPORTANT: Each of the questions about assets must be answered. If the answer is "0" or "none", then indicate so on the balance line. <i>Do not leave any of the lines to the right blank.</i>	CHECKING ACCOUNT BALANCE:	\$ _____
	SAVINGS ACCOUNT BALANCE:	\$ _____
	MONEY OWED TO YOU:	\$ _____
	EQUITY IN HOME OR OTHER PROPERTY:	\$ _____
	MONEY ON YOUR PERSON OR AT HOME:	\$ _____
OTHER ASSETS (Stocks, jewelry, etc.):		\$ _____

I certify that the foregoing information is true and correct to the best of my knowledge. I understand that this information may be viewed by the court and related personnel in determining my eligibility for court appointed counsel. Though the Court may appoint counsel to represent me, I understand I may be ordered to reimburse the County of Sierra for representation, unless I request a hearing for Ability to Pay at the conclusion of my case. I further agree that I will notify the court of any change in my financial status, including employment, cash income, or any other item listed on this application.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: _____

 Defendant's Signature

