

LaRayne Cleek  
 Interim Court Executive Officer/  
 Jury Commissioner

**Superior Court of California**

County of Tulare  
 Collections Division  
 221 S Mooney Blvd, Room G-28  
 Visalia, CA 93291  
 Phone 559-730-5000



Michelle S Martinez  
 Assistant Court Executive Officers

**Ability to Pay Income and Expense Form**

**Monthly Expenses**

Mortgage/Rent	\$	_____	<input type="checkbox"/>
Second Mortgage	\$	_____	<input type="checkbox"/>
Utilities			
Electric	\$	_____	<input type="checkbox"/>
Gas	\$	_____	<input type="checkbox"/>
Phone	\$	_____	<input type="checkbox"/>
Water/Sewer/Trash	\$	_____	<input type="checkbox"/>
Cable TV	\$	_____	<input type="checkbox"/>
Food	\$	_____	<input type="checkbox"/>
Vehicle Loan(s)	\$	_____	<input type="checkbox"/>
Health/Life Insurance	\$	_____	<input type="checkbox"/>
All Credit Cards	\$	_____	<input type="checkbox"/>
Loans (Personal/Student)	\$	_____	<input type="checkbox"/>
Medical/Hospital/Dentist	\$	_____	<input type="checkbox"/>
Child Care	\$	_____	<input type="checkbox"/>
<b>Total Monthly Expenses</b>	\$	_____	

**Monthly Income**

Take-Home Pay (Self)	\$	_____	<input type="checkbox"/>
Take-Home Pay (Spouse)	\$	_____	<input type="checkbox"/>
Unemployment	\$	_____	<input type="checkbox"/>
Worker's Comp.	\$	_____	<input type="checkbox"/>
Welfare _____	\$	_____	<input type="checkbox"/>
(Type)			
Retirement/Pension	\$	_____	<input type="checkbox"/>
Child Support	\$	_____	<input type="checkbox"/>
Alimony	\$	_____	<input type="checkbox"/>
Disability	\$	_____	<input type="checkbox"/>
Veteran's Benefits	\$	_____	<input type="checkbox"/>
Accident Benefits	\$	_____	<input type="checkbox"/>
Parents	\$	_____	<input type="checkbox"/>
<b>Total Monthly Income</b>	\$	_____	

Verified by: \_\_\_\_\_  
 (Collector)

Date: \_\_\_\_\_

Disposable Income: \_\_\_\_\_

I Swear (affirm) under penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Superior Court Collection Division may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

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

Date: \_\_\_\_\_