

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</p> <p> <input type="checkbox"/> Santa Barbara Division <input type="checkbox"/> Santa Maria Division <input type="checkbox"/> Lompoc Division 118 East Figueroa St. 312 East Cook St. Bldg. G 115 Civic Center Plaza Santa Barbara, CA 93101 Santa Maria, CA 93454 Lompoc, CA 93436 </p>	<p><i>FOR COURT USE ONLY</i></p>
<p>PLAINTIFF: People of the State of California</p> <p>DEFENDANT:</p>	
<p>FINANCIAL AFFIDAVIT</p>	<p>CASE NUMBER:</p>

Please complete this form to determine your ability to pay according to the court order.

Full Name			
<i>Last:</i>	<i>First:</i>	<i>Middle:</i>	<i>Suffix:</i>
Current Address			
<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>

Reference Numbers		
<i>Date of Birth:</i>	<i>Driver's License:</i>	<i>Social Security #:</i>
Telephone Numbers		
<i>Home:</i>	<i>Cell:</i>	<i>Relative Telephone:</i>

Employer Information	<i>Name:</i>
	<i>Street Address:</i>
	<i>City:</i>
	<i>State:</i>
	<i>Zip:</i>
	<i>Telephone:</i>

Monthly Income and Expenses	
Monthly Net Income: \$	Monthly Total Expenses: \$
Basic Expenses	Additional Expenses
Rent: \$	Credit Cards: \$
Utilities: \$	Loans: \$
Food (General Supplies): \$	Charities: \$
Car Insurance (Car Note): \$	Other: \$
Child Support (Child Care): \$	Misc: \$

I am requesting a reduction in my monthly installment payment amount.

I certify under penalty of perjury under the laws of the State of California that the information given by me in this affidavit is true and correct, and reflects my financial situation and that I have no other income whatsoever. Further, the court has my expressed permission to verify the information furnished through credit bureaus and other tools, including references as needed.

Signature: _____

Date: _____