

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. E Santa Maria, CA 93454 (805) 346-7550 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789 </td> </tr> </table>	<input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959	<input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. E Santa Maria, CA 93454 (805) 346-7550	<input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789	<i>FOR COURT USE ONLY</i>
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PLAINTIFF: People of the State of California DEFENDANT:				
FINANCIAL QUALIFICATION FOR WAIVER TO POST BAIL TRAFFIC - CONFIDENTIAL	CITATION NUMBER:			

If you are receiving public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your bail, you may use this form to ask the court to waive the posting of your bail.

1. Why are you asking the court to allow you to waive the posting of your bail?

I receive (check all that apply): Medi-Cal Food Stamps SSI/SSP General Assistance
 IHSS (In-Home Supportive Services) CalWORKS

If you checked any of the boxes above, stop here. Please sign and date the bottom of this form. If not, proceed to #2

2. Are you a dependant on anyone else's tax return (e.g., your parents)? Yes No

3. If the answer to #2 is yes, does that person refuse to pay for your infraction? Yes No

4. Your Household's income

	<u>Source</u>	<u>Amount</u>
a. Gross monthly income (<i>before deductions</i>)		\$
b. List the source and amount of any other income you receive each month, including: spousal/child support, retirement, social security, disability, unemployment, veterans payments, dividends, interest, trust income, annuities, or other income.		\$
		\$
		\$
		\$
TOTAL MONTHLY INCOME:		\$

5. Household Members

Name	Age	Relationship
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

You are signing your request under penalty of perjury. Please answer truthfully and accurately. The court may ask you for information or evidence. You may be ordered to go to court to answer questions about your ability to pay court obligations.

I declare under penalty of perjury that the information I have provided on this form is true and correct.

Date: _____

SIGNATURE