

NAME :	<i>FOR COURT USE ONLY</i>
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT:	CASE NUMBER:
DEFENDANT'S STATEMENT OF ASSETS / FINANCIAL EVALUATION (PC 1203.4)	

It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(4).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION

- a. Defendant's name: _____
- b. Date of birth: _____
- c. Telephone number: _____
- d. Drivers license number: _____

DEFENDANT'S PRESENT EMPLOYMENT

- a. Occupation: _____
- b. Name of employer: _____
- c. Address: _____
- d. Gross pay per: Month \$ _____ Week \$ _____ Day \$ _____
- e. Take-home pay per month: \$ _____
- f. Checking, saving and credit union accounts (list banks):
 - 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____

OTHER MONTHLY INCOME

- a. Unemployment and/or disability: \$ _____
- b. Social Security: \$ _____
- c. Welfare, TANF: \$ _____
- d. Worker's Compensation: \$ _____
- e. Child Support Payments: \$ _____
- f. Spousal Support Payments: \$ _____
- g. All other income not else where listed: \$ _____

IF NOT WORKING, STATE THE NAME AND ADDRESS OF LAST EMPLOYER AND LAST DATE OF EMPLOYMENT

- a. Name : _____
- b. Address: _____
- c. Last date of employment: _____

SPOUSE'S MONTHLY EMPLOYMENT

- a. Occupation: _____
- b. Name of employer: _____
- c. Address: _____
- d. Gross pay per: Month \$ _____ Week \$ _____ Day \$ _____
- e. Take-home pay per month: \$ _____
- f. Checking, saving and credit union accounts (list banks):
 - 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____

OTHER MONTHLY INCOME

- a. Unemployment and/or disability: \$ _____
- b. Social Security: \$ _____
- c. Welfare, TANF: \$ _____
- d. Worker's Compensation: \$ _____
- e. Child Support Payments: \$ _____
- f. Spousal Support Payments: \$ _____
- g. All other income not else where listed: \$ _____

EXPENSES

- a. Rent or house payment: \$ _____
- b. Car payments: \$ _____
- c. Transportation payments: \$ _____
- d. Loan payments: \$ _____
- e. Clothing and laundry: \$ _____
- f. Food \$ _____
- g. Support payments: \$ _____
- h. Insurance payments: \$ _____
- i. Other payments (utilities, taxes): \$ _____

ASSETS

Please state value of any assets you own
(ie: cash, cars, income tax refund due, life insurance, other personal property)

- Items: _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL: \$ _____

Declaration of Defendant

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

(Signature of Defendant)