

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

DECLARATION UNDER PENALTY OF PERJURY TO OBTAIN SERVICES
OF COURT-APPOINTED COUNSEL

CASE NUMBER: _____

NAME: _____ DOB: _____
Answer every question Please print
LAST FIRST MIDDLE MO. DAY YEAR

ADDRESS: _____ PLACE OF BIRTH: _____
NO STREET STATE OR NATION
CITY STATE SOCIAL SECURITY NO: _____

TELEPHONE NUMBER:() _____ () _____
RESIDENCE EMPLOYMENT

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1. Are you self-employed or do you NOW have a job () yes () no.
Name and address of Employer: _____
 2. Do you expect to start working soon? () yes () no
 3. If you are unemployed, how have you supported yourself while not working _____
 4. Do you receive any money from any other source (welfare, pension, unemployment, disability, alimony, spousal support etc.)? () yes () no
 5. Does your wife (husband) have a job? () yes () no
 6. Does your wife (husband) receive any money from any other source? () yes () no
 7. Do you own, or are you buying your home? () yes () no
 8. Do you have a checking account? () yes () no. Do you have a savings account () yes () no
 9. Does your wife (husband) have a checking account? () yes () no;
Savings account? () yes () no.
 10. Do you or your wife (husband) own stock or bonds? () yes () no; Jewelry? () yes () no.
 11. Do you or your wife (husband) own autos? () yes () no Trucks? () yes () no.
Trailers? () yes () no; Boat? () yes () no.
 12. Number of Dependents _____

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ASSETS/INCOME:

Your total monthly salary.....\$ _____
 Wife/husband's total monthly salary.....\$ _____
 Other income per month.....\$ _____
 Amount of money in your possession now.....\$ _____
 Amount of money at home.....\$ _____
 Amount of money owed to you....\$ _____
 Amt of money due for tax refund..\$ _____
 Amount of money in savings account.....\$ _____
 Amount of money in spouse's savings account.....\$ _____
 Cash Value of insurance.....\$ _____
 Cash value of spouse's insurance...\$ _____
 Cash value of autos.....\$ _____
 Cash value of trucks.....\$ _____
 Cash value of trailers.....\$ _____
 Cash value of boats.....\$ _____
 Equity in real estate.....\$ _____
TOTAL ASSETS/INCOME.....\$ _____

EXPENSES:

Rent payment per month.....\$ _____
 Mortgage payment per month.....\$ _____
 Food.....\$ _____
 Utilities (gas, electric, phone, garbage)\$ _____
 Insurance.....\$ _____
 Credit Payments.....\$ _____
 Child care payments.....\$ _____
 Clothing.....\$ _____
 Medical/Dental.....\$ _____
 Spousal support/alimony.....\$ _____
 Transportation.....\$ _____
 Other (please specify.....\$ _____

TOTAL EXPENSES.....\$ _____

The Court will make a determination of your ability to pay all or a portion of the cost of the attorney. If the Court determines that you have the financial ability to pay all or some of those costs, the Court will order that you reimburse the County to the extent and in the manner that the Court finds reasonable. An order to reimburse the County for Court-appointed counsel fees will have the same force and effect as a judgment in a civil action and shall be subject to execution. Before the Court makes such an order, you are entitled to request and have a hearing on the question of whether or not you have the financial ability to pay some or the entire Court-appointed counsel fee. You have the right to be heard in person, present witnesses and other documentary evidence, to confront and cross examine adverse witnesses, have the evidence against you disclosed to you and a written statement of the findings of the Court. If you do not request such a hearing, you will be giving up your right to such a hearing.

IF AN ATTORNEY IS APPOINTED TO REPRESENT YOU, YOU WILL BE ORDERED TO APPEAR AT THE CONCLUSION OF YOUR CASE BEFORE THE REVENUE SERVICES MANAGER FOR A DETERMINATION OF YOUR ABILITY TO PAY THE COST OF LEGAL ASSISTANCE PROVIDED. Should you fail to appear before the REVENUE SERVICES MANAGER as ordered, s/he will report such failure and recommend that the court order payment of the full costs.

I make the above statements and representations under penalty of perjury and with the purpose of having the Court appoint counsel for me at County expense. I have read and understand my right to request a hearing to determine my ability to reimburse the County for the cost of counsel. I understand that I may be ordered to reimburse the County for all or some of the costs of the attorney. I also understand that I must report to Revenue Services at the conclusion of my case if counsel is appointed to represent me.

Dated: _____

Signature