

<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b></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:				
<b>FINANCIAL QUALIFICATION FOR WAIVER TO POST BAIL TRAFFIC - CONFIDENTIAL</b>	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> )		\$ <span style="border-bottom: 1px solid black;"></span>
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.		\$ <span style="border-bottom: 1px solid black;"></span>
		\$ <span style="border-bottom: 1px solid black;"></span>
		\$ <span style="border-bottom: 1px solid black;"></span>
		\$ <span style="border-bottom: 1px solid black;"></span>
<b>TOTAL MONTHLY INCOME:</b>		\$ <span style="border-bottom: 1px solid black;"></span>

**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*