

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PLAINTIFF: People of the State of California DEFENDANT:	
FINANCIAL AFFIDAVIT	CASE NUMBER:

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

Full Name			
Last:	First:	Middle:	Suffix:
Current Address			
Street:	City:	State:	Zip:

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

Employer Information	Name:		
	Street Address:		
	City:	State:	Zip:
	Telephone:		

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: _____