

**LASSEN COUNTY  
OFFICE OF RECOVERY & REIMBURSEMENT  
220 South Lassen Street, Suite 3  
Susanville, CA 96130  
Telephone (530)251-8227 Fax (530)251-2677**

**THE INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL**

Name: \_\_\_\_\_ Case: # \_\_\_\_\_ ☐ I have completed a financial in the last six (6) months

**FINANCIAL STATEMENT**

Please print neatly and complete all information. Your evaluation will not be considered if ALL questions are not answered. If a question does not apply to you, answer n/a. Include EVERYONE living in your home and ALL income coming into your home.

**1. Name:** \_\_\_\_\_ Other names used: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City, ST, ZIP \_\_\_\_\_  
Phone# \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security# \_\_\_\_\_ Driver's license# \_\_\_\_\_ State \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Employer Phone# \_\_\_\_\_  
Email address: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Other names used: \_\_\_\_\_  
Phone# \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security# \_\_\_\_\_ Driver's license# \_\_\_\_\_ State \_\_\_\_\_  
Spouse's occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Employer Phone# \_\_\_\_\_

**2. Please check all that apply:**

I receive:

- |  |   |
|--|---|
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> (SSI) Supplemental Security Income |
| <input type="checkbox"/> Medi-Cal  | <input type="checkbox"/> County Relief/Gen. Assist          |
| <input type="checkbox"/> (IHSS) In Home Supportive Services  | <input type="checkbox"/> CalWORKs or Tribal TANF            |
| <input type="checkbox"/> (CAPI) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants | <input type="checkbox"/> (SSP) Supplementary Payment        |

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your fees, you may use this form to ask the County to waive public defender, juvenile hall, and/or electronic device fees. The County may order you to answer questions about your finances. If the County waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case

**If you checked a box under section 2, do not fill out below.**

**3. CLIENT GROSS MONTHLY INCOME**

a. Wages	\$ _____	
b. Unemployment/Disability	\$ _____	
c. Retirement	\$ _____	
d. Social Security	\$ _____	
e. Workers' Compensation	\$ _____	
f. Child Support Income	\$ _____	Wage Assignment? Yes ___ No ___
g. Spousal Support Income	\$ _____	Wage Assignment? Yes ___ No ___
h. Foster Care Payments	\$ _____	
i. Military basic allowance for quarters (BAQ)	\$ _____	
j. Veterans payments	\$ _____	
k. Gambling or lottery winnings	\$ _____	
l. Other income not listed	\$ _____	
<b>3m. TOTAL GROSS \$</b>		

**4. SPOUSE GROSS MONTHLY INCOME**

a. Wages	\$ _____	
b. Unemployment/Disability	\$ _____	
c. Retirement	\$ _____	
d. Social Security	\$ _____	
e. Workers' Compensation	\$ _____	
f. Child Support Income	\$ _____	Wage Assignment? Yes ___ No ___
g. Spousal Support Income	\$ _____	Wage Assignment? Yes ___ No ___
h. Foster Care Payments	\$ _____	
i. Military basic allowance for quarters (BAQ)	\$ _____	
j. Veterans payments	\$ _____	
k. Gambling or lottery winnings	\$ _____	
l. Other income not listed	\$ _____	
<b>4m. TOTAL GROSS \$</b>		

\*\*\*Continued on backside\*\*\*

**5. Number of Dependents in household:**

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

Spouse	Age
	Age
	Age
	Age
	Age

**6. Monthly Household Expenses:**

**Amounts**

**5a. Total Dependents**

a. Rent/House payment	\$
b. Utilities and telephone	\$
c. Food	\$
d. Household supplies	\$
e. Clothing	\$
f. Laundry and cleaning	\$
g. Medical and dental expenses	\$
h. Insurance (life, health, accident, etc.)	\$
i. School/child care	\$
j. Child, spousal support (another marriage)	\$
k. Transportation, gas, auto repair and insurance	\$
l. Installment payments (list below):	\$
1.	\$
2.	\$
3.	\$
m. Wages/earnings withheld by court order	\$
n. Any other monthly expenses	\$
<b>6o. TOTAL EXPENSES</b>	<b>\$</b>

**6. Assets:**

a. Cash

b. Checking/Savings Accounts

Name of bank	Account#	Balance	\$
Name of bank	Account#	Balance	\$

c. Real Estate Equity \$

d. Income Tax Refund \$

7a. Total Monthly Income (from 3m.+ 4m.) \$

7b. Total Monthly Expenses (from 6o.) \$

7c. Total Net Income (7a - 7b) \$

Family Size (applicant + dependents)

**APPOINTMENT OF COUNSEL AND NOTICE**

If an attorney is appointed to represent you, the County Financial Evaluation Officer will, at the conclusion of the proceedings, make a determination of you're ability to pay such costs as allowed by law. If you wish to have a hearing, one will be scheduled. The County Financial Evaluation Offer may request verifying documentation. If the Court determines that you are able to pay, the Court will order you to pay all or part of such costs. Such an order will have the same force and effect as a judgment in a civil action and will be enforceable as such.

**Declaration**

*I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on:*

Print name

Signature

Date

**THE INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL**

THIS SECTION IS FOR OFFICIAL USE ONLY:

Approved

Denied

Expires

Initials

# NOTICE TO DEFENDANT

You are encouraged to fully answer all questions in order to enable our office to properly assist you with your request for a financial evaluation. Unless waived for good cause, you may be required to provide copies of the following documents (non-exclusive list):

- a. Copy of paycheck stubs for the past two years.
- b. Verification of all other types of income (self-employment, unemployment, welfare, etc.)
- c. Income tax records for the most recent filing year including any refund check information (Federal & State).
- d. Bank statements for the past six months.
- d. Copies of all credit card monthly bills for the past six months.
- e. Copy of gas, electrical, telephone bills for the past six months.
- f. Copy of purchase agreements including but not limited to autos, homes, furnishings, electronics, etc.
- g. Rent or mortgage payment receipts.
- h. Any other documents that may assist us in performing a fair financial evaluation on your behalf.

This statement of financial circumstances will be used to determine your eligibility and ability to pay a portion or all of the court costs ordered for your case. If the Financial Evaluation Officer determines that you are at that time able to pay and your account is not paid in full, or installment agreement is not in compliance a civil action judgment will be enforced. A lien may be placed on any real estate that you own, your wages and bank account may be attached, and personal property may be seized and sold. In addition, your name will be submitted to the California Franchise Tax Board for a tax offset. In the event that you are owed a tax refund or win a California Lottery prize, the Franchise Tax Board will intercept from that money the amount you owe to Lassen County.

The Financial Evaluation Officer is located at:

Recovery and Reimbursement  
220 South Lassen, Suite 3  
Susanville, CA 96130  
Main Line (530) 251-8227

Return the completed form in person or by mail to the above address.

I/we authorize Lassen County and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, creditor, insurance company, attorney at law or governmental agency regarding my/our financial condition. I/we further authorize such institution, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our income, assets, liabilities, policies, litigations, financial transactions and accounts.

I, \_\_\_\_\_, hereby declare under penalty of perjury that all the information made available and the documents presented (if required) in support of this request are true



and correct as I know them to be on this date. At the conclusion of the financial evaluation, if it is determined that I have the ability to pay, the court will order payment for services provided, based on the information I have provided, I also understand, that any misleading, incomplete or false information will disqualify me from further consideration.

**Note:** When this page is signed it is also acknowledgement that you have read the Admonishment of Rights below.

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Signature of Defendant or Responsible Party

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Signature of Spouse/Partner

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Date of Application

## ADMONISHMENT OF RIGHTS

Upon the conclusion of a financial evaluation, and when a determination has been made of your ability to pay all or a portion of the incurred fees, you have the following rights:

1. To be heard in person, to present witnesses and documentary evidence, to question adverse witnesses, to question the evidence against you, and a written statement of the findings of the Court.
2. At any time during the pendency of the judgment, you may petition the Court to modify or vacate its previous judgment on the grounds of a change of circumstances pertaining to your ability to pay.