

**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	\$ _____		
3m. TOTAL GROSS \$			

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	\$ _____		
4m. TOTAL GROSS \$			

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5. Number of Dependents in household:

Name _____	Relationship _____	Spouse _____	Age _____
Name _____	Relationship _____	_____	Age _____
Name _____	Relationship _____	_____	Age _____
Name _____	Relationship _____	_____	Age _____
Name _____	Relationship _____	_____	Age _____

6. Monthly Household Expenses: Amounts

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	\$ _____
6o. TOTAL EXPENSES	\$ _____

5a. Total Dependents

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 your 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*