

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch	
THE PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
<b>DEFENDANT FINANCIAL ELIGIBILITY STATEMENT FOR APPOINTMENT OF COUNSEL AND REIMBURSEMENT</b>	CASE NUMBER

**1. Defendant Personal Information**

Street Address (include house and unit no.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

**2. Defendant Employment Information**

Are You Employed:  Yes  No (If No, is job pending  Yes  No) How Long Employed (Yrs/Mos): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Gross Pay Per Month: \$ \_\_\_\_\_

Spouse Gross Pay Per Month: \$ \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

**3. Defendant Other Income Information**

Do you receive income from sources other than employment?  Yes  No

Source of income: \_\_\_\_\_ Amount of monthly income: \$ \_\_\_\_\_

**4. Defendant Financial Information**

Total Monthly Income (All Sources + Gross Pay): \$ \_\_\_\_\_ Total Monthly Expenses: \$ \_\_\_\_\_

Personal Savings and/or Assets:  Yes  No If Yes, How Much: \$ \_\_\_\_\_

Do You Own Real Estate or a Home:  Yes  No If Yes, what is the Value? \$ \_\_\_\_\_

Addresses of All Property: \_\_\_\_\_

Please explain means of support if income is less than expenses: \_\_\_\_\_

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5. **Defendant understands that they may be responsible to pay a \$50 appointment fee:**  Yes
6. **Eligibility for Appointment of Counsel and Notice to Defendant:** If an attorney is appointed to represent you and your case results in a felony or misdemeanor conviction, the Court may hold a hearing at the end of the criminal proceeding to determine your ability to pay all or a part of the cost associated with the legal assistance provided to you. You could be required to pay the costs of any appointed attorney in accordance with your ability to pay. The Court designates County Counsel as the "County Officer" to make an inquiry into your ability to pay before the hearing. Any court order to pay for legal fees will have the same force and effect as a judgment in a civil action and will be subject to execution.

I declare under penalty of perjury that the foregoing is true and correct and that I understand the information described in paragraphs number five (5) and six (6), and that this declaration was executed on:

Date: \_\_\_\_\_ at (County) \_\_\_\_\_, California.

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Signature of Defendant