

Defendant: _____

Case Number: _____



GORDON B. FORD
STANISLAUS COUNTY TREASURER/TAX COLLECTOR
REVENUE RECOVERY DIVISION
P.O. BOX 1003
MODESTO CA 95353-1003

--THIS FORM IS TO BE KEPT CONFIDENTIAL--

APPLICATION FOR WAIVER OR REDUCTION OF PUBLIC DEFENDER COSTS

I request a finding that I do not have to pay public defender costs.

- 1. a. I am not able to pay any of the public defender costs.
b. I am able to pay only the following public defender costs (specify):
- 2. My current street or mailing address is:
- 3. My occupation, employer, and employer's address are:

My spouse's occupation, employer, and employer's address are:

- 4. I am receiving financial assistance under one or more of the following programs:
 - a. SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 - b. CalWorks: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. Food Stamps: The Food Stamp Program
 - d. County Relief, General Relief (G.R.) or General Assistance (G.A.)
- 5. If you checked 4, you must check and complete one of the three lines below, unless you are a defendant in an unlawful detainer action. Do not check more than one item.
 - a. (Optional) My Medi-Cal number is:
 - b. (Optional) My social security number is:
and my date of birth is:
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check c and attach documents to verify the benefits noted in item 4.]
 - c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by this office.

[If you checked item 4 above, skip items 6 and 7, and sign at the bottom of this side.]

- 6. My total gross monthly household income is less than the amount shown on the guidelines
- 7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay public defender fees and costs. [If you check this item, you must complete the back of this form.]

I declare under penalty of perjury under the law of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

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8. _____ My pay changes considerably from month to month. [If you check this item, each of the amounts reported in item 9 should be your average for the past 12 months.]

9. MY MONTHLY INCOME

a) My gross monthly pay is: _____ \$ _____

b) My payroll deductions are (specify purpose and amount):
1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____
4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c) My monthly take-home pay is (a. minus b.): _____ \$ _____

d) Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____
4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)

e) MY TOTAL MONTHLY INCOME IS (c. plus d.): _____ \$ _____

f) Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
1) _____	_____	_____	\$ _____
2) _____	_____	_____	\$ _____
3) _____	_____	_____	\$ _____
4) _____	_____	_____	\$ _____
5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)

g) MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS: (a. plus d. plus f.): _____ \$ _____

10. I own or have an interest in the following property:

a) Cash _____ \$ _____

b) Checking, savings, and credit union accounts (list banks):

- 1) _____ \$ _____
- 2) _____ \$ _____
- 3) _____ \$ _____
- 4) _____ \$ _____

c) Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____

d) Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____

e) Other personal property – jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

- a) Rent or house payment & maintenance \$ _____
- b) Food and household supplies _____ \$ _____
- c) Utilities and telephone _____ \$ _____
- d) Clothing _____ \$ _____
- e) Laundry and cleaning _____ \$ _____
- f) Medical and dental payments _____ \$ _____
- g) Insurance (life, health, accident, etc.) _____ \$ _____
- h) School, child care _____ \$ _____
- i) Child, spousal support (prior marriage) .. \$ _____
- j) Transportation and auto expenses (insurance, gas, repair) _____ \$ _____

k) Installment payments (specify purpose and amount):
1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____

The TOTAL amount of monthly installment payments is: _____ \$ _____

l) Amounts deducted due to wage assignments and earnings withholding orders: _____ \$ _____

m) Other expenses (specify):
1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____
4) _____ \$ _____
5) _____ \$ _____

The TOTAL amount of other monthly expenses is: _____ \$ _____

n) MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): _____ \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the office understand your budget; if more space is needed, attach page labeled Attachment 12):

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If you have been assigned a Public Defender and you cannot afford to pay costs, you may be eligible for a reduction or waiver of Public Defender costs if:

1. You are receiving financial assistance under one or more of the following programs:
 - ◆ SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - ◆ CalWorks (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - ◆ The Food Stamp Program
 - ◆ County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of public defender fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents.

Program	Documentation
SSI/SSP	Medi-Cal Card or SSI Computer-Generated Printout or Bank Statement showing SSI deposit or "Passport to Services"
CalWorks/TANF	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of check stub or County voucher

2. Your total gross monthly household income is less than the following amounts:

Number in Family	Family Income
1	\$ 996.87
2	1,336.45
3	1,676.04
4	2,015.62
5	2,355.20
6	2,694.79
7	3,034.37
8	3,373.95
Each Additional	339.58