

COUNTY OF STANISLAUS

REVENUE RECOVERY

APPLICATION FOR WAIVER OR REDUCTION OF PUBLIC DEFENDER COSTS

Defendant: _____

Case Number: _____

I REQUEST A FINDING THAT I DO NOT HAVE TO PAY PUBLIC DEFENDER COSTS

ACCT # _____

A. _____ I AM NOT ABLE TO PAY ANY OF THE PUBLIC DEFENDER COSTS.

NEXT COURT DATE: _____

B. _____ I CAN ONLY PAY THE FOLLOWING PUBLIC DEFENDER COSTS (HOW MUCH?): \$ _____

NAME (LAST)	(FIRST)	(MIDDLE)	
DATE OF BIRTH	SSN	DRIVERS LICENSE #	
STREET ADDRESS	CITY	STATE ZIP	HOME PHONE #
MAILING ADDRESS	CITY	STATE ZIP	CELL PHONE #
YOUR EMPLOYER AND POSITION	ADDRESS	CITY/ST/ZIP	PHONE #
SPOUSE'S NAME	BIRTH DATE	SSN	
SPOUSE'S EMPLOYER NAME ADDRESS AND PHONE			
IN CASE OF EMERGENCY CONTACT	RELATIONSHIP	PHONE #	
MY BANK IS:	BALANCE	ACCOUNT #	___CHECKING ___SAVINGS ___LOAN

MONTHLY HOUSEHOLD EXPENSES

SHARED WITH SPOUSE? YES NO

OTHER PERSON? YES NO

HOUSE PMNT	RENT	\$
PG&E/ELECTRIC		\$
WATER/SEWER		\$
TELEPHONE		\$
FOOD		\$
AUTO FUEL		\$
AUTO INSURANCE		\$
CHILD CARE		\$
OTHER (PLEASE DESCRIBE)		\$

SOURCE OF INCOME:

___FULL TIME ___PART TIME

TAKE HOME PAY

UNEMPLOYMENT

SOCIAL SECURITY

RETIREMENT/OTHER

PUBLIC ASSISTANCE

CHILD/SPOUSAL SUPPORT

FOOD STAMPS

MONTHLY TOTAL -

APPLICANT'S INCOME:

___HOURLY ___WEEKLY

___BI-WEEKLY ___MONTHLY

\$

\$

\$

\$

\$

\$

\$

\$

\$

SPOUSE'S INCOME:

___HOURLY ___WEEKLY

___BI-WEEKLY ___MONTHLY

\$

\$

\$

\$

\$

\$

\$

\$

\$

PLEASE LIST ALL VEHICLES YOU OWN: YEAR MAKE FINANCED BY: BALANCE MONTHLY PAYMENT

PLEASE LIST ALL OF YOUR DEBTS, WHETHER OR NOT YOU ARE CURRENTLY ABLE TO PAY THEM

NAME OF CREDITOR	DUE DATE	TYPE OF ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WARNING: Perjury is a felony punishable by confinement in a State Prison (Penal Code Section 17(a), 118, 126, 127 and 672)

NUMBER OF PEOPLE IN HOUSEHOLD: _____ PLEASE LIST DEPENDANTS OR THOSE WHOM YOU DEPEND IN WHOLE OR IN PART FOR SUPPORT

NAME	AGE	RELATIONSHIP	MONTHLY INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT

DATE:

SIGNATURE: