

# 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: