

<input type="checkbox"/> APPROVED BY: _____
<input type="checkbox"/> DOES NOT QUALIFY BY _____

COUNTY OF SANTA BARBARA  
APPLICATION FOR APPOINTED COUNSEL  
**CONFIDENTIAL**  
**FINANCIAL DECLARATION**

<b>NEXT COURT DATE</b>
_____, 20__
IN _____

Case # \_\_\_\_\_

Full name (please print):		Birth Date:		Social Security No.:	
Charges:		E-mail address:			
Address:					
Home Phone:		Cell Phone:		Work Phone:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner					
Number of dependents:		Relationship and age(s):			
Your Employer:			Spouse/Partner Employer:		
Address:			Address:		
Length of time at job:	Supervisor:		Length of time at job:	Supervisor:	
Take home pay week/month \$ (Circle)	Unemployment Benefits: <input type="checkbox"/> Yes \$ <input type="checkbox"/> No		Take-home pay week/month \$ (Circle)	Unemployment Benefits: <input type="checkbox"/> Yes \$ <input type="checkbox"/> No	
<b>MONTHLY EXPENSES (Self &amp; Spouse)</b>			<b>OTHER INCOME &amp; ASSETS (Self &amp; Spouse)</b>		
<b>Rent:</b>	\$		<b>Child Support:</b>	\$	
<b>Utilities:</b>	\$		<b>Disability:</b>	\$	
<b>Food:</b>	\$		<b>Social Security payments:</b>	\$	
<b>Mortgage:</b>	\$		<b>Welfare: AFDC</b> <input type="checkbox"/> <b>FS</b> <input type="checkbox"/>	\$	
<b>Child support:</b>	\$		<b>SSI/SSP/GR/Veteran's Benefits:</b>	\$	
<b>Vehicle Loan/purchase payment, monthly:</b>	\$		<b>Do you own Real Estate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(Value)</b>	
			<b>Located at:</b>	\$	
<b>Vehicle insurance payment, monthly:</b>	\$		<b>Amount in Checking account:</b>	\$	
<b>Other Expenses (Describe below):</b>	\$		<b>Amount in Savings account:</b>	\$	
	\$		<b>Cash on hand:</b>	\$	
	\$		<b>Other income or assets valued at:</b>	\$	

By law, if you can afford it, you can be ordered to pay for the services of your Public Defender. (Penal Code section 987.8.) To pay for the services of your Public Defender, you have two choices:

(1) You can agree to pay \$125 if you are charged with a misdemeanor or \$175 if you are charged with a felony. The judge will order you to pay that amount when your case is finished;

**OR**

(2) You can ask the Judge for a hearing to decide your ability to pay for our services. The Judge could ask you for detailed financial information and then decide whether to charge you nothing at all or an amount up to \$175 for every hour we worked on your case. The Judge has the power to give you another hearing in six months and change the amount you have to pay.

I give up my right to hearing(s) about my ability to pay and agree to pay \$125 if charged with a misdemeanor or \$175 if charged with a felony.

I wish to have a hearing on my ability to pay Public Defender fees.

It will not violate your probation or any law if you fail to pay any ordered Public Defender fees. However, the order has the same effect as a judgment in a civil action. It can be enforced by the County against you and your property like any other money judgment.

I understand that this form is used to decide if I qualify for the Public Defender. I declare that I am unable to hire counsel.

I certify under penalty of perjury under the laws of the state of California that all of the above is true and correct and that I have read and understand all of the above.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ PD-15 (Rev 3/14)