

COUNTY OF SANTA BARBARA PROBATION DEPARTMENT
COMMUNITY SERVICE WORK PROGRAM

APPLICATION FOR CSW INSTALLMENT PAYMENTS / ABILITY TO PAY

Name: _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Phone: _____

Employment Address: _____

City: _____ State: _____ Zip Code: _____

Your Monthly Salary: \$ _____ Spouse's Monthly Salary: \$ _____
(before taxes) (before taxes)

Number of Dependants: _____ Child Support paid per month: \$ _____
(self=1, self + spouse =2, etc.)

Program fees paid to treatment providers per month: \$ _____

Social Security Number: _____ - _____ - _____ CDL / ID # _____

1. I will pay an additional \$30 installment fee (adults) / \$20 installment fee (juveniles) if I am eligible for the Installment Payment Plan. Minimum monthly installments are \$30 per month.
2. I understand that my CSW application fee and installment fee must be paid in full before my CSW is considered successfully completed. Failure to pay my CSW fee will be reported to the Superior Court.
3. I understand that if I fail to pay, I may be reported to the Franchise Tax Board and other credit agencies.
4. If I am not eligible for the Installment Payment Plan, please apply my installment fee to my CSW program application fee.
5. I understand that any fees paid are not refundable or transferable. If I choose not to work my CSW hours, I forfeit all fees paid to the Probation Department.
6. If I am asked, I will provide proof of declared salary amounts.

I declare under penalty of perjury that the foregoing is true and correct. I understand that Probation will retain this application whether or not it is approved. Probation and its agents are authorized to check my credit and perform wage verifications.

Date: _____ Signature: _____

White: CSW File Yellow: Client