

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):   TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> COURT ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH NAME: Juvenile Dependency	
CHILDREN'S NAMES: _____	
<input type="checkbox"/> <b>FINANCIAL DECLARATION</b> <div style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block; margin-right: 10px;">Hearing Date→</div> <b>Financial Evaluation Hearing Date:</b> _____ <b>Time:</b> _____ <b>Dept.</b> _____	CASE NUMBER: _____ RELATED CASES: _____
<b>THIS SECTION FOR COURT USE ONLY</b> <input type="checkbox"/> <b>SUBSEQUENT FINANCIAL DECLARATION</b> I am Requesting a Hearing for Reconsideration of my Order to Repay Attorney Fees filed on (date): _____ <b>My Request is Based on:</b> <input type="checkbox"/> Change of Financial Circumstances <input type="checkbox"/> Financial Inability to Comply with Reunification Plan Requirements	
<div style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block; margin-right: 10px;">Hearing Date→</div> <b>Reconsideration Hearing Date:</b> _____ <b>Time:</b> _____ <b>Dept.</b> _____	

**1. Personal Information:**

Name:		Social Security Number:	
Other Names Used:		I.D. or Driver's License:	
Address: <input type="checkbox"/> Check here if you are In custody. Detention Center: Release Date: _____		Date of Birth:	Age:
City:	Zip Code:	Phone:	Alternate Phone:

2. I receive (check all that apply):  Medi-Cal  SNAP  SSI  SSP  County/Relief/General Assistance  
 IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance to Needy Families)  
 CAPI (Case Assistance Program for Aged, Blind and Disabled)

3.  My gross monthly income (before deductions for taxes) is less than the amount listed below:  
 If you checked box 3, circle the Family Income section that applies to your case.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people in family, add \$433.34 for each extra person.
1	\$1,228.05	3	\$2,092.71	5	\$2,959.38	
2	\$1,659.38	4	\$2,526.05	6	\$3,392.71	

If you checked any boxes in section 2 or 3 above, skip sections 4 through 8. Go to section 9, read and fill in the section and sign the form.

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

**4. Family:**

- a. Marital Status:  Single  Married  Divorced  Separated  Widowed  Domestic Partner
- b. Name of Spouse/Partner:
- c. Number of Dependent Children Living with You Who are Under the Age of 18:
- d. Dependents' Names and Ages:

**5. Employment:**

<b>Your Employment</b>				<b>Spouse/Partner Employment If you checked "Married" or "Domestic Partner" in 4a, above, fill out this section.</b>			
Employer:				Employer:			
Address:				Address:			
City and Zip Code:		Phone:		City and Zip Code:		Phone:	
How Long Employed?	Working Now?	Monthly Salary:	Take Home Pay:	How Long Employed?	Working Now?	Monthly Salary:	Take Home Pay:
If not now employed, who was your last employer? (Name, Address and Zip Code)				If not now employed, who was your last employer? (Name, Address and Zip Code)			
Phone number of last employer:				Phone number of last employer:			

**6. Income and Assets:**

Other Income	What do you own?
Unemployment and Disability ..... \$ _____	Cash ..... \$ _____
Social Security/ /SSD ..... \$ _____	Real Property/Equity ..... \$ _____
General Relief ..... \$ _____	Cars and Other Vehicles ..... \$ _____
Worker's Compensation ..... \$ _____	Life Insurance ..... \$ _____
Child Support Payments ..... \$ _____	Bank Accounts (list below) ..... \$ _____
Foster Care ..... \$ _____	Stocks and Bonds ..... \$ _____
Other Income ..... \$ _____	Business Interest ..... \$ _____
Total \$ _____	Other Assets ..... \$ _____
	Total \$ _____
	Name and Branch of Bank: _____
	Account Numbers: _____
	_____

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

**7. Expenses**

List your monthly expenses	Monthly cost of services required by your reunification plan (If you do not know the cost, please indicate "UK" )
Rent or Mortgage Payment..... \$ _____	Parenting Classes ..... \$ _____
Car Payment..... \$ _____	Substance Abuse Trmt ..... \$ _____
Gas and Car Insurance..... \$ _____	Therapy/Counseling ..... \$ _____
Public Transportation..... \$ _____	Medical Care/Medications ..... \$ _____
Utilities (Gas, Electric, Phone, Water)..... \$ _____	Domestic Violence Counseling..... \$ _____
Food..... \$ _____	Batterers' Intervention ..... \$ _____
Clothing and Laundry..... \$ _____	Victim Support..... \$ _____
Child Care..... \$ _____	Regional Center Programs..... \$ _____
Child Support Payments ..... \$ _____	Transportation ..... \$ _____
Medical Expenses..... \$ _____	In-Home Services..... \$ _____
Other Necessary Monthly Expenses..... \$ _____	Other ..... \$ _____
Total \$ _____	Other ..... \$ _____
	Total \$ _____

**8. Loan/Expense Payments**

Name of lender and type of loan/expense	Monthly Payment	Balance Owed
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

9. I, \_\_\_\_\_, understand that a hearing will be set to determine my ability to pay the costs for legal services. If I do not appear at the hearing and do not pay in full the assessed costs for legal services, the court may enter a judgment against me without further notice or order.

I understand that I have a right to a separate evidentiary hearing to determine my ability to pay the assessed fees, in the event that I dispute the judicial officer's order for repayment. I further understand that I am entitled to the following at that evidentiary hearing:

- The opportunity to be heard in person;
- The opportunity to present witnesses and written evidence;
- The opportunity to confront and cross-examine witnesses brought against me.
- Disclosure of the evidence against me;
- A written statement of findings of the court;
- To be represented by an attorney and, if I cannot afford an attorney, to have an attorney appointed to represent me; and

I understand that at any time prior to full repayment of any fees ordered by the court that I may petition the court to modify or vacate its previous judgment on the grounds of a change in circumstances with regard to my ability to pay the judgment.

I certify under penalty of perjury that the above information is true and correct. I understand that perjury is punishable by imprisonment; I also consent to the release of my credit information from credit reporting agencies.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF RESPONSIBLE PARTY/APPLICANT)



\_\_\_\_\_  
(SIGNATURE OF RESPONSIBLE PARTY/APPLICANT)

### Clerk's Certificate of Service

I certify that I am not involved in this case. This notice of hearing was served on the responsible party by  personal service  mail and to counsel for the responsible party by  mail  pony mail at the street address listed above.

Date: \_\_\_\_\_

Clerk, By \_\_\_\_\_, Deputy

### FOR COURT USE ONLY

TOTAL INCOME	\$ _____	FEES BASED ON UNIFORM COST MODEL	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL FEES ASSESSED	\$ _____
NET DISPOSABLE INCOME	\$ _____	PAYMENT DUE TO COURT ON	_____