

**COUNTY OF SAN LUIS OBISPO  
PROBATION DEPARTMENT  
CHILD ABUSE PREVENTION PROGRAM  
FINANCIAL DECLARATION**

Effective January 01, 2005, the cost of the Child Abuse Prevention Program (CAPP) will be \$75.00\* per session. You will be invoiced for each session that you have been ordered to attend, whether you are present or not. The minimum monthly payment will be \$20.00 per month. You may pay more than the minimum amount, if you desire. You are responsible for the full amount of the costs, and your account balance, even after your sessions and/or grant of probation ends.

Submit the completed and signed form to the Deputy Probation Officer or you may mail it to:

**Financial Evaluation Unit – CAPP  
Probation Department  
1730 Bishop Street, San Luis Obispo, CA 93401**

If you have any questions concerning this form or CAPP, please talk to your Deputy Probation Officer.

\*per session charge based upon ability to pay

Name:	Court Case Number:
Spouse:	Home Phone: ( )
Home Address:	City:
Employer:	Employer Phone: ( )
Employer Address:	City: ST: ZIP:
Spouse Employer:	Spouse Employer Phone: ( )
Spouse Employer Address:	City: ST: ZIP:
Social Security Number:	Date of Birth:
Spouse Soc. Sec. Num:	Spouse DOB

Please, list all the persons you support, and/or live with, whether they are your spouse, child, friend or relative. Please sign and date this form below.

Name:	DOB	AGE	Soc. Sec. #	Relationship to you	Address
1.					
2.					
3.					
4.					
5.					

**Total Monthly Gross Income: \$\_\_\_\_\_ CAPP Cost per Session:\_\_\_\_\_**

Please attach additional pages to represent **all** persons, if necessary.

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

Print name: \_\_\_\_\_

I/we hereby swear and affirm, under penalty of perjury, that this Declaration is a complete and accurate list of all persons domiciled with and/or financially impacting my income and expenses.