



# COUNTY OF SAN LUIS OBISPO PROBATION DEPARTMENT



## FINANCIAL DECLARATION NOTICE TO ALL PERSONS

You are advised to consult the California Penal Code, other California Law, or your own attorney for specific information on the imposition of fines, fees, and victim restitution, and your responsibility to pay your court ordered financial obligations. If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

California Penal Code 987.4. When the public defender or an assigned counsel represents a person who is a minor in a criminal proceeding, at the expense of a county, the court may order the parent or guardian of such minor to reimburse the county for all or any part of such expense, if it determines that the parent or guardian has the ability to pay such expense.

Welfare and Institutions Code 730.7. (a) In a case in which a minor is ordered to make restitution to the victim or victims, or the minor is ordered to pay fines and penalty assessments under any provision of this code, a parent or guardian who has joint or sole legal and physical custody and control of the minor shall be rebuttably presumed to be jointly and severally liable with the minor in accordance with Sections 1714.1 and 1714.3 of the Civil Code for the amount of restitution, fines, and penalty assessments so ordered, up to the limits provided in those sections, subject to the court's consideration of the parent's or guardian's inability to pay.

## FINANCIAL DECLARATION INSTRUCTIONS

Please complete all sections on all pages and sides of this form. It is your responsibility to provide complete and verifiable financial information. It is very important that you take the time to indicate all financial information requested. This information will be used to help determine your obligation to reimburse the County of San Luis Obispo for expenses allowed under law, including, but not limited to fines, fees and victim restitution. All information will be used to assist in the collection of said costs and expenses.

Any information you submit will need to be substantiated by further documentation proving the accuracy and validity of the information that you provide. Acceptable documentation includes but is not limited to paycheck stubs, bank statements or tax returns. Any financial information submitted without substantiation may not be considered.

Please be sure to attach copies (do not submit originals) of any supporting documentation to this Financial Declaration.

If you do not submit this required information you may be held liable for any and all costs and expenses incurred by the County of San Luis Obispo associated with this matter.

Make sure that your signature, and the signature of your spouse or co-declarant (if applicable) appears where indicated and required on this Financial Declaration. Unsigned and/or incomplete Financial Declarations will not be accepted.

Questions concerning this Financial Declaration may be addressed during your Probation interview with your assigned Deputy Probation Officer. The Financial Evaluation Unit cannot accept phone calls to answer questions concerning the completion of this Declaration, nor can we offer any legal advice. You may be entitled to a hearing if you disagree with this review. Please consult your attorney, your accountant, or another qualified private professional of your choice for answers, advice, or guidance.

PLEASE SIGN WHERE REQUIRED ON THIS DECLARATION  
Declarations submitted without the required signatures may be disregarded.  
Return completed and signed Declaration, with supporting documentation to:  
**San Luis Obispo County**  
**Probation Department – Financial Declaration Division**  
**1730 Bishop Street, San Luis Obispo, CA 93401**

## ADULT FINANCIAL DECLARATION

NAME (FIRST, MIDDLE LAST)				SOCIAL SECURITY #		CASE NUMBER										
ADDRESS						STATE		ZIP		DRIVER LICENSE #/STATE						
PHONE			CELL PHONE		DATE OF BIRTH/AGE		<b>Mailing Address (if Different from Home Address)</b>									
OTHER NAMES USED						ADDRESS										
NAME OF SPOUSE (First, Middle, Last)				SOCIAL SECURITY#		CITY										
DATE OF BIRTH/AGE				DRIVER LICENSE #/STATE		STATE		ZIP								
Please list all persons you support and/or live with. Their addresses, date of birth, age, relationship to you.				3.				6.								
1.				4.				7.								
2.				5.				8.								
I AM A STUDENT      FULL TIME _____      PART TIME _____ AT _____																
NEAREST LIVING RELATIVE						RELATIONSHIP			PHONE NUMBER							
PRESENT EMPLOYER				PHONE		SPOUSE'S PRESENT EMPLOYER				PHONE						
ADDRESS						ADDRESS										
CITY/STATE/ZIPCODE				POSITION				CITY/STATE/ZIP CODE				POSITION				
HOW LONG?	WORKING NOW?	MONTHLY GROSS SALARY		TAKE HOME PAY		HOW LONG?	WORKING NOW?	MONTHLY GROSS SALARY		TAKE HOME PAY						
PREVIOUS EMPLOYER: NAME/ADDRESS						PHONE			PREVIOUS EMPLOYER: NAME/ADDRESS						PHONE	
OTHER INCOME		YOURS		SPOUSE		LIST YOUR EXPENSES										
UNEMPLOYMENT AND DISABILITY		\$		\$		RENT OR HOUSE PAYMENT			\$							
SOCIAL SECURITY		\$		\$		CAR PAYMENTS			\$							
WELFARE/AFDC		\$		\$		MEDICAL PAYMENTS			\$							
WORKMAN'S COMPENSATION		\$		\$		LOAN PAYMENTS			\$							
ALIMONY		\$		\$		CLOTHING OR LAUNDRY			\$							
ALL OTHER INCOME		\$		\$		FOOD			\$							
<b>TOTALS</b>		\$		\$		ALIMONY OR SUPPORT PAYMENTS			\$							
<b>WHAT DO YOU OWN?</b>				<b>YOURS</b>				<b>CREDIT CARD BILL</b>				\$				
<b>SPOUSE</b>								<b>CELL PHONE</b>				\$				
CASH		\$		\$		OTHER PAYMENTS/UNION/TAXES, ETC.			\$							
REAL ESTATE		\$		\$		<b>TOTALS</b>			\$							
CARS/OTHER VEHICLES		\$		\$		NAME OF BANK			CHECKING ACCT#							
TERM LIFE INSURANCE		\$		\$		BRANCH/ADDRESSES			SAVINGS ACCT#							
BANK ACCOUNTS/STOCKS/BONDS		\$		\$												
BUSINESS INTEREST:		\$		\$												

I hereby swear and affirm, under the penalty of perjury, that this Declaration is a complete and accurate statement of my household income and is a complete list of all persons domiciled with and/or financially impacting my household income, and that I have no other additional income whatsoever.

DEFENDANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_