

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF NEVADA**

FINANCIAL DECLARATION

Defendant's Name:	Case Number:	Employer:
Address:	Phone number:	Employer Address:
	Spouse's name:	
	Birthdate:	

I, _____, am the defendant in the above-entitled action. I am not represented by counsel in this proceeding. My assets, monthly income, property, monthly expenses and debts are reported below:

MONTHLY INCOME	AMOUNT	ASSETS	AMOUNT
Monthly take home pay		Cash	
Spouse's monthly take home pay		Checking/savings/credit union	
Other money received each month		Stocks and Bonds	
TOTAL MONTHLY INCOME:		TOTAL VALUE OF ASSETS:	

PROPERTY	TYPE/ADDRESS	EQUITY/VALUE	BALANCE OWED
Home			
Automobile			
Other land/building			
Motorcycles			
Other Vehicle(s)			
Jewelry			
Other			

MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT
Rent or mortgage		School, childcare	
Food and Household supplies		Child, spousal support	
Utilities and telephone		Transportation/Auto expenses	
Medical and dental payments		Install payment (Itemize below)	
TOTAL MONTHLY EXPENSES:		TOTAL MONTHLY EXPENSES:	

INSTALLMENT PAYMENTS/CREDITOR NAME	MONTHLY PAYMENT	BALANCE OWED
TOTAL PAYMENTS		

The following person(s) other than myself depend, in whole or in part, on me or my spouse for support:			
NAME	ADDRESS	RELATIONSHIP	AGE

- I hereby authorize the Public Defender to disclose any of the information on this application and declaration to such qualified authorities as may be deemed necessary in reaching a proper decision on my rights to be defended by the Public Defender.
- I understand the court, after a hearing pursuant to PC§987.8, will make a determination of my present ability to pay all or part of the costs of the attorney services provided; that the court may order me to pay such costs, that such order shall have the same force and effect as a judgement in a civil action and shall be subject to enforcement against my property in the same manner as any other money judgment, and the court may look at this financial affidavit when deciding whether or not I shall pay.
- I realize that if the services of the Public Defender are obtained through the use of false, untrue or incorrect statements concerning my financial condition, criminal prosecution for theft or perjury may result.

I DECLARE UNDER PENALTY OF PERJURY that I have read this affidavit or this affidavit has been read to me and that the statements contained therein are true and correct.

Executed this _____ day of _____, _____, in the County of Nevada.

Defendant's signature