

## PERSONAL DATA

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Booking No: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Driver's License No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name of Wife/Husband: \_\_\_\_\_ Children: Number \_\_\_\_\_ Ages \_\_\_\_\_

YOUR EMPLOYMENT		WIFE/HUSBAND EMPLOYMENT	
Occupation			
Employer			
Employer Address			
Business Telephone			
How long employed?			
Gross Salary:	\$ (Week/Month)	\$ (Week/Month)	
Take Home Pay	\$ (Week/Month)	\$ (Week/Month)	
All Other Income:	\$	\$	
	\$	\$	

WHAT DO YOU OWN?	PRESENT VALUE	LIST YOUR MONTHLY EXPENSES	
<input type="checkbox"/> House	\$	1. Rent or House Payment	\$
<input type="checkbox"/> Vehicle #1	\$	2. Car Payments	\$
<input type="checkbox"/> Vehicle #2	\$	3. Medical Payments	\$
BANK ACCOUNTS:		4. Loan Payments	\$
<input type="checkbox"/> Savings Balance	\$	5. Clothing and Laundry	\$
<input type="checkbox"/> Checking Balance	\$	6. Food	\$
OTHER:		7. Other	\$
	\$	8. Other	\$

### WAIVER OF HEARING REGARDING PUBLIC DEFENDER OR COURT APPOINTED COUNSEL FEES AND COURT ORDER

Penal Code Section 987.8:

In any case in which a defendant is provided an attorney, either a Public Defender or Court-appointed counsel, upon conclusion of the criminal proceedings, or withdrawal of the Public Defender, the Court may, after notice and a hearing, make a determination of the present ability of the defendant to pay all or a portion of the cost of that legal representation. The Court may hold an additional hearing within six (6) months of the conclusion of the criminal proceedings. The Court may order a defendant to appear before a county officer to inquire into the defendant's ability to reimburse the county for legal assistance.

### **MUST INITIAL ONLY EITHER OPTION NUMBER 1 OR 2 and then sign below**

**1. INTIAL: ---- I AGREE TO WAIVE** my right to a Court hearing on the issue of attorney fees. I further understand and agree that, although the Court does not have to accept this waiver, the Court MAY enter a judgment against me for a **flat fee** of \$150 (for a misdemeanor)/ \$300 (for a felony), as **the total amount** of my contribution toward my legal representation by the Public Defender.

**2. INITIAL: ---- I DO NOT AGREE TO WAIVE** the right to have a Court hearing on the issue of attorney fees AND I understand that the Court will assess attorney fees at \$75.00 for each hour the Public Defender worked on my case, subject to my ability to pay AND this amount may likely be in excess of the flat fee of \$150 (misdemeanor) or \$300 (felony.)

### WAIVER and CONSENT TO ORDER

I have read the information contained in the Financial Statement and I declare under penalty of perjury that the foregoing is true and correct. I hereby authorize the Amador Superior Court and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, creditor, insurance company, attorney at law, or government agency regarding my financial condition; and I further authorize such institution, individual, partnership, corporation or agency so contacted to release any and all information requested regarding my assets, liabilities, policies, litigations, financial transactions and accounts.

Executed at \_\_\_\_\_, California on \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEFENDANT