

FINANCIAL DECLARATION – CRIMINAL FAILURE TO APPEAR

Superior Court of California
County of San Luis Obispo
Comprehensive Collections Unit
Instructions, Petition and Declaration to
Vacate Civil Assessment
[PC1214.1]

THE PEOPLE OF THE STATE OF CALIFORNIA,

Date: _____

Plaintiff,

Vs.

Defendant,

Case Number/ Docket Number: _____

Case Balance: _____

If you do not complete the Petition and PROVIDE DOCUMENTATION OR THE REQUIRED FINANCIAL DECLARATION,
the Court will not consider your Petition.

___ I request to appear in court and have posted the full bail due at this time, including civil assessments.

___ I request to appear in court without posting bail; the completed Financial Declaration form is attached.

This form is not applicable if you appeared in court and failed to pay the fine amount ordered.

YOU MUST ATTACH YOUR DOCUMENTATION IN SUPPORT OF THIS REQUEST

Please state your reason(s) below for petitioning to appear in court:

**I declare under penalty of perjury under the Laws of the State of California that all of the information contained in this
Petition, and the documents attached, are true and correct.**

Defendant's Signature _____

Date _____

******below for Court use only******

Petition Approved / Denied by _____

Date _____

Court Officer

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Full Name: _____ Date of Birth: _____

Address: _____ Telephone: _____
Street City Zip

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Name of Spouse: _____ Children: Number _____ Ages _____
Social Security Number: _____ Driver's License No. _____

EMPLOYMENT RECORD

Employer: _____

Address: _____

City: _____

Type of Job: _____

Gross Salary: \$ _____ (Week / Month)

Take Home: \$ _____ (Week / Month)

SPOUSE EMPLOYMENT

Employer: _____

Address: _____

City: _____

Type of Job: _____

Gross Salary: \$ _____ (Week / Month)

Take Home: \$ _____ (Week / Month)

OTHER INCOME

Unemployment & Disability \$ _____

Social Security \$ _____

Welfare, AFDC \$ _____

Workers Compensation \$ _____

Child Support Payments \$ _____

Support from Parents \$ _____

All Other Income \$ _____

LIST YOUR MONTLY EXPENSES

Rent or House Payment \$ _____

Car Payments \$ _____

Medical Payments \$ _____

Loan Payments \$ _____

Clothing & Laundry \$ _____

Other Payments \$ _____

WHAT DO YOU OWN? LIST VALUE

Cash \$ _____

House: \$ _____

Cars & Other Vehicles: \$ _____

Life Insurance: \$ _____

Bank Accounts: \$ _____

WHO DO YOU OWE?

Name Monthly Payment Balance Owed

Name of Bank Branch

I declare under penalty of perjury that the foregoing Financial Declaration is true and correct and if sworn as a witness, I could testify competently thereto.

Executed at _____, this _____ day of _____, 20____.

Signature of Petitioner