



**NEVADA
COUNTY**
CALIFORNIA

Nevada County Collections Division
950 Maidu Ave., Ste 129
PO Box 599002
Nevada City, CA 95959
Telephone (530) 265-1238
Fax (530) 265-7112

Application for Financial Evaluation

Court Case # _____

For Juvenile Reimbursement []

For Public Defender Services []

For Other _____

APPLICANT

Last Name		First Name		Middle	Other Names Used	
Mailing Address:	Street or Box No		City		State	Zip
Street Address:	Street		City		State	Zip
Home Phone		Cell Phone		Email address *		
Marital Status		Date of Birth		Social Security Number		Driver's License Number
Single []						
Married []						
Divorced []						
Separated []						
Employer				Employer Phone Number		
Employer Address	Street		City		State	Zip
Job Title				How Long Employed		
If Unemployed, when did you last work?		Where?		Why Terminated?		
If Applicable, Name of Son/Daughter who was/is in Juvenile Hall						

APPLICANT'S SPOUSE

Spouse's Last Name		First Name		Other Names Spouse Has Used		
Middle						
Spouse's Date of Birth		Spouse's Social Security Number			Spouse's Driver's License Number	
Spouse's Cell Phone				Spouse's Email address *		
Spouse's Employer				Spouse's Employer's Phone Number		
Spouse's Employer Address	Street		City		State	Zip
Spouse's Job Title				How Long Employed		
If Unemployed, when did spouse last work?		Where?		Why Terminated?		

Minor Children Living With You, Names and Ages			
Name and Address of Nearest Relative Not Living with You		Relationship	Relative's Phone Number
*By entering your email address you consent to accept all notices electronically			

INCOME SOURCE**APPLICANT'S INCOME****SPOUSE'S INCOME**

Gross Monthly Wages (before deductions)

\$ _____

\$ _____

Net Wages (Take home pay after deductions)

\$ _____

\$ _____

Other Monthly Income:

Unemployment/State Disability

\$ _____

\$ _____

Social Security Benefits

\$ _____

\$ _____

Retirement

\$ _____

\$ _____

Welfare/AFDC

\$ _____

\$ _____

Child Support/Spousal Support

\$ _____

\$ _____

Food Stamps

\$ _____

\$ _____

Worker's Compensation

\$ _____

\$ _____

Other _____

\$ _____

\$ _____

ASSETS

Real Estate				
Address	Purchase Date	Purchase Price	Current Loan(s) On Property	Approximate Market Value
Motor Vehicles: Cars, Trucks, Motorcycles, Mobile Homes, Boats, Airplanes, RVs, ATVs				
Description (Year & Model)	Purchase Date	Purchase Price	Balance Owning	Financed By
Deposit Accounts				
Bank /Savings & Loan/Credit Union Name and Branch	Type of Account Checking/Savings/CD/Other		Balance	
Life Insurance				
Company Name & Address	Policy Number	Policy Amount	Cash Value	
Other Assets - Tools of Trade, Stocks & Bonds, Jewelry, Furniture, etc				
Type				Total Value

MONTHLY HOUSEHOLD EXPENSES

Are monthly household expenses shared with a person/persons other than your spouse? Yes No

If you answered "Yes",

Person's Name: _____ Relationship: _____

House Payment Rent \$ _____

If you rent: Name, address & phone of landlord

Utilities

Name: _____

Electric \$ _____

Address: _____

Gas \$ _____

Water/Sewer \$ _____

Phone: _____

Phone \$ _____

Food for _____ Persons \$ _____

Auto Fuel \$ _____

Auto Insurance \$ _____

Court Ordered Support \$ _____

TOTAL \$ _____

PLEASE LIST ALL OTHER MONTHLY PAYMENTS YOU ARE PRESENTLY PAYING

Name of Creditor	Reason for Account	Present Balance	Monthly Payment

I/We can pay at least \$ _____ per month beginning _____.

I/WE DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I/WE HAVE PROVIDED FOR THIS "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT. WARNING: Perjury is a felony punishable to confinement in a State Prison. (Penal Code Sections 17[a], 118, 126, 127 and 672.

AUTHORIZATION TO RELEASE INFORMATION AND TO DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENT AGENCY:

I/We hereby authorize the County of Nevada and its duly authorized representatives to request a credit report, to contact any employer, creditor, bank, savings & loan, Attorney at Law or governmental agency regarding my/our financial condition; and I/We also authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to the County of Nevada, Collections Division and its authorized representatives any information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities and financial transactions maintained by said financial institution.

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE