(CONFIDENTIAL) ATTACHMENT JV-2020

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address)*:	*FOR COURT USE ONLY*
TELEPHONE NUMBER: FAX NUMBER *(Optional)*: EMAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you have entered, please press the Reset Form button at the end of this form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH NAME: Juvenile Dependency	
CHILDREN'S NAMES:	
☐ **FINANCIAL DECLARATION** Hearing Date→ **Financial Evaluation Hearing Date:** _____ **Time:** _____ **Dept.**_____ **THIS SECTION FOR COURT USE ONLY**	CASE NUMBER: RELATED CASES:
☐ **SUBSEQUENT FINANCIAL DECLARATION** I am Requesting a Hearing for Reconsideration of my Order to Repay Attorney Fees filed on *(date)*: _____ **My Request is Based on:** ☐ Change of Financial Circumstances ☐ Financial Inability to Comply with Reunification Plan Requirements Hearing Date→ **Reconsideration Hearing Date:**_____ **Time:**_____ **Dept.**_____	

1. Personal Information:

Name:			Social Security Number:	
Other Names Used:			I.D. or Driver's License:	
Address: ☐ Check here if you are In custody. Detention Center: Release Date:			Date of Birth:	Age:
City:	Zip Code:	Phone:	Alternate Phone:	

2. I receive *(check all that apply)*: ☐ Medi-Cal ☐ SNAP ☐ SSI ☐ SSP ☐ County/Relief/General Assistance
☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance to Needy Families)
☐ CAPI (Case Assistance Program for Aged, Blind and Disabled)

3. ☐ My gross monthly income (before deductions for taxes) is less than the amount listed below:
If you checked box 3, circle the Family Income section that applies to your case.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people in family, add $433.34 for each extra person.
1	$1,228.05	3	$2,092.71	5	$2,959.38	
2	$1,659.38	4	$2,526.05	6	$3,392.71	

If you checked any boxes in section 2 or 3 above, skip sections 4 through 8. Go to section 9, read and fill in the section and sign the form.

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

4. **Family:**
   a. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Domestic Partner
   b. Name of Spouse/Partner:
   c. Number of Dependent Children Living with You Who are Under the Age of 18:
   d. Dependents' Names and Ages:

5. Employment:

Your Employment				**Spouse/Partner Employment** **If you checked "Married" or "Domestic Partner" in 4a, above, fill out this section.**			
Employer:				Employer:			
Address:				Address:			
City and Zip Code:		Phone:		City and Zip Code:		Phone:	
How Long Employed?	Working Now?	Monthly Salary:	Take Home Pay:	How Long Employed?	Working Now?	Monthly Salary:	Take Home Pay:
If not now employed, who was your last employer? (Name, Address and Zip Code)				If not now employed, who was your last employer? (Name, Address and Zip Code)			
Phone number of last employer:				Phone number of last employer:			

6. Income and Assets:

Other Income		What do you own?	
Unemployment and Disability	$	Cash	$
Social Security/ /SSD	$	Real Property/Equity	$
General Relief	$	Cars and Other Vehicles	$
Worker's Compensation	$	Life Insurance	$
Child Support Payments	$	Bank Accounts (list below)	$
Foster Care	$	Stocks and Bonds	$
Other Income	$	Business Interest	$
Total	$ **0**	Other Assets	$
		Total	$ **0**
		Name and Branch of Bank:	
		Account Numbers:	

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

7. Expenses

List your monthly expenses	Monthly cost of services required by your reunification plan
Rent or Mortgage Payment ..... $_____	(If you do not know the cost, please indicate "UK")
Car Payment ..... $_____	Parenting Classes …… ..... $_____
Gas and Car Insurance ..... $_____	Substance Abuse Trmt ..... $_____
Public Transportation ..... $_____	Therapy/Counseling …… $_____
Utilities (Gas, Electric, Phone, Water) ..... $_____	Medical Care/Medications ..... $_____
Food ..... $_____	Domestic Violence Counseling ..... $_____
Clothing and Laundry ..... $_____	Batterers' Intervention ..... $_____
Child Care ..... $_____	Victim Support ..... $_____
Child Support Payments ..... $_____	Regional Center Programs ..... $_____
Medical Expenses ..... $_____	Transportation ..... $_____
Other Necessary Monthly Expenses ..... $_____	In-Home Services ..... $_____
Total $ **0**	Other ..... $_____
	Other ..... $_____
	Total $ **0**

8. Loan/Expense Payments

Name of lender and type of loan/expense	Monthly Payment	Balance Owed
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PARTY'S NAME:	RELATED NUMBERS:

9. *I,* _____ *, understand that a hearing will be set to determine my ability to pay the costs for legal services. If I do not appear at the hearing and do not pay in full the assessed costs for legal services, the court may enter a judgment against me without further notice or order.*

☐ *I understand that I have a right to a separate evidentiary hearing to determine my ability to pay the assessed fees, in the event that I dispute the judicial officer's order for repayment. I further understand that I am entitled to the following at that evidentiary hearing:*

- *The opportunity to be heard in person;*
- *The opportunity to present witnesses and written evidence;*
- *The opportunity to confront and cross-examine witnesses brought against me.*
- *Disclosure of the evidence against me;*
- *A written statement of findings of the court;*
- *To be represented by an attorney and, if I cannot afford an attorney, to have an attorney appointed to represent me; and*

☐ *I understand that at any time prior to full repayment of any fees ordered by the court that I may petition the court to modify or vacate its previous judgment on the grounds of a change in circumstances with regard to my ability to pay the judgment.*

I certify under penalty of perjury that the above information is true and correct. I understand that perjury is punishable by imprisonment; I also consent to the release of my credit information from credit reporting agencies.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME OF RESPONSIBLE PARTY/APPLICANT) (SIGNATURE OF RESPONSIBLE PARTY/APPLICANT)

Clerk's Certificate of Service

I certify that I am not involved in this case. This notice of hearing was served on the responsible party by ☐ *personal service* ☐ *mail and to counsel for the responsible party by* ☐ mail ☐ pony mail *at the street address listed above.*

Date: _____ Clerk, By _____, Deputy

FOR COURT USE ONLY

TOTAL INCOME	$_____	FEES BASED ON UNIFORM COST MODEL	$_____
TOTAL EXPENSES	$_____	TOTAL FEES ASSESSED	$_____
NET DISPOSABLE INCOME	$_____	PAYMENT DUE TO COURT ON	_____

Reset Form