LASSEN COUNTY RECOVERY & REIMBURSEMENT- COLLECTIONS

JUVENILE - Application for Financial Evaluation - CONFIDENTIAL

JUVENILE NAME	SS#	DATE OF BIRTH	JUVENILE'S MAILING ADDRESS

INSTRUCTIONS TO APPLICANT *(PARENT OR LEGAL GUARDIAN OF JUVENILE)*
- Complete Application for Financial Evaluation
- Include proof of income AND expenditures - See checklist
- Copy of your latest tax return, SSI unemployment, or disability verification

CLIENT #'S

DOCKET NUMBERS:

*****IF VERIFICATION DOCUMENTS NOT RECEIVED APPLICATION WILL BE DENIED*****

APPLICANT (LAST) (FIRST) (MIDDLE)	BIRTHDATE	M / F	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. STATE

OTHER NAMES YOU HAVE USED IN LAST 10 YEARS INCLUDING MAIDEN NAME	STREET ADDRESS CITY / STATE / ZIP	MARITAL STATUS

MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE

EMPLOYMENT AND POSITION (APPLICANT) ADDRESS	CITY / STATE / ZIP	HOW LONG?	EMPLOYMENT PHONE

SPOUSE (LAST) (FIRST) (MIDDLE)	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. STATE

EMPLOYMENT AND POSITION (SPOUSE) ADDRESS	CITY/STATE/ZIP	HOW LONG?	EMPLOYMENT PHONE

E-MAIL ADDRESS (APPLICANT)	CELL PHONE (APPLICANT)	ATTORNEY'S NAME	COURT APPOINTED ☐ YES ☐ NO

NAME OF FRIEND OR RELATIIVE NOT LIVING WITH YOU ADDRESS PHONE		

1. MINOR CHILDREN LIVING WITH YOU - NAMES AND AGES	2. MINOR CHILD AND AGE	3. MINOR CHILD AND AGE

BANK AVERAGE BALANCE CHECK ALL THAT APPLY ☐ CHECKING ☐ SAVINGS ☐ OTHER

INCOME SOURCE			HOUSEHOLD EXPENSES (MONTHLY)	
☐ FULL TIME ☐ PART TIME	APPLICANT'S INCOME	SPOUSES'S INCOME	SHARED WITH PERSON OTHER THAN SPOUSE? ☐ YES ☐ NO	
HOURS WORKED	Hrs.	Hrs.	YOUR MONTHLY SHARE: ☐ HOUSE PMT ☐ RENT	$
MONTHLY INCOME	$	$	UTILITIES	$
UNEMPLOYMENT / DISABILITY / WORKERS COMP	$	$	TELEPHONE	$
SOCIAL SECURITY / VA BENEFITS	$	$	FOOD	$
RETIREMENT / OTHER	$	$	AUTO FUEL	$
CHILD SUPPORT / SPOUSAL SUPPORT	$	$	AUTO INSURANCE	$
FOOD STAMPS	$	$	HEALTH INSURANCE	$
MEDI-CAL	$	$	CHILD CARE	$
IHSS - IN HOME SUPPORT SERVICES	$	$	COURT-ORDERED PAYMENTS	$
CAPI - CASH ASSIST. PROGRAM FOR AGED, BLIND, DISABLED LEGAL IMMIGRANTS	$	$	**TOTAL MONTHLY EXPENSES**	$
SSI- SUPPLIMENTAL SECURITY	$	$	**OFFICAL USE**	
COUNTY RELIEF / GENERAL ASSISTANCE / WELFARE	$	$	**TOTAL INCOME**	$
CALWORKS / TRIBAL TANF	$	$	**TOTAL EXPENSES**	$
UTILITY ASST. - LMUD / CITY / FRONTIER / CELL PROVIDER	$	$	**NET INCOME**	$
SSP - SUPPLEMENTARY PMT / SECTION 8 HOUSING	$	$	APPLICATION CONDITIONALLY ☐ APPROVED ☐ DENIED	
TOTAL MONTHLY INCOME	$	$	**ABILITY TO PAY:**	

PLEASE LIST ALL MONTHLY PAYMENTS: NAME OF CREDITOR	DUE DATE	REASON FOR ACCOUNT	BALANCE	MONTHLY PMT

WARNING: Perjury is a felony punishable by confinement in a state prison (Penal Code Sections 17(a), 118, 126, 127, and 672)

I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR THIS APPLICATION FOR FINANCIAL EVALUATION IS TRUE AND CORRECT.

PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE

AUTHORIZATION ON REVERSE SIDE MUST BE SIGNED

Lassen County Recovery & Reimbursement - Collections, Historic Courthouse, 220 S. Lassen St., Ste. 3, Susanville, CA 96130 PH: 530-251-8227

County of Lassen
Recovery and Reimbursement

Nancy Cardenas, Treasurer/Tax Collector
Kristina Divine, Associate Treasurer/Tax Collector

220 South Lassen, Suite 3
Susanville, CA 96130-3912
Email: lcorr@co.lassen.ca.us
Phone: 530-251-8227
Email: lcorr@co.lassen.ca.us

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the County of Lassen, Office of Recovery and Reimbursement and its duly authorized representatives to contact any employer, financial institution, creditor, insurance company, Attorney at Law or governmental agency regarding my/our financial condition; and I/we further authorize such institution, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our assets, liabilities, policies, litigations, financial transactions and accounts. Government agencies may include, but are not limited to, verifying benefits received from; Unemployment, Disability, Workers Compensation, Social Security, Veteran's, Retirement, Child Support, Spousal Support, CalWORKs, Tribal TANF, General Assistance, CalFresh, Medi-Cal, In Home Supportive Services, and Section 8 Housing. I acknowledge that a photocopy of this form is as valid as the original.

_____ _____
Applicant's Signature Spouse's Signature

_____ _____
Date Date

AUTHORIZATION TO DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to the Lassen County Office of Recovery and Reimbursement and its duly authorized representatives any or all 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. I acknowledge that a photocopy of this form is as valid as the original.

_____ _____
Applicant's Signature Spouse's Signature

_____ _____
Date Date

FINANCIAL ABILITY TO PAY

As stated in Penal Code 1203.1c, Government Code 27755 and 29550, and Welfare and Institution Code 903.45, defendants and guardians of minors have the following rights:

1. The right to a court hearing to determine ability to reimburse the county for costs
2. The right to an attorney or to a court-appointed attorney if defendant cannot afford private counsel to represent defendant at the hearing
3. The right to testify and present witnesses on defendant's behalf
4. The right to confront AND CROSS-EXAMINE WITNESSES
5. The right to have all evidence disclosed to defendant
6. The right to a written statement of the findings

_____(Initial) If you fail to complete this evaluation Recovery and Reimbursement will recommend that the court order you to pay the full amount which will be entered as a money judgement. I have been advised of the above rights. I understand these rights and agree to appear before Recovery and Reimbursement for a financial evaluation of my ability to pay such costs.