



# Superior Court of the State of California

## COUNTY OF TULARE

### COLLECTIONS DIVISION

221 S. Mooney Blvd., Room G-28

Visalia, California 93291

Telephone: (559) 730-5000

Facsimile: (559) 733-6795

Stephanie Cameron  
Court Executive Officer/  
Jury Commissioner

Michelle S. Martinez  
Assistant Court Executive  
Officer

## Ability to Pay Income and Expense Form

### Monthly Expenses

Mortgage/Rent \$ \_\_\_\_\_

Second Mortgage \$ \_\_\_\_\_

Utilities

    Electric \$ \_\_\_\_\_

    Gas \$ \_\_\_\_\_

    Phone \$ \_\_\_\_\_

    Water/Sewer/Trash \$ \_\_\_\_\_

    Cable TV \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Vehicle Loan(s) \$ \_\_\_\_\_

Health/Life Insurance \$ \_\_\_\_\_

All Credit Cards \$ \_\_\_\_\_

Loans (Personal/Student) \$ \_\_\_\_\_

Medical/Hospital/Dentist \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

### Monthly Income

Take-Home Pay (Self) \$ \_\_\_\_\_

Take-Home Pay (Spouse) \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Worker's Comp. \$ \_\_\_\_\_

Welfare \_\_\_\_\_ \$ \_\_\_\_\_   
(Type)

Retirement/Pension \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

Accident Benefits \$ \_\_\_\_\_

Parents \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

Verified by: \_\_\_\_\_  
(Collector)

Date: \_\_\_\_\_

Disposable Income: \_\_\_\_\_

I Swear (affirm) under penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Superior Court Collection Division may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Defendant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

