

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number	FOR COURT USE ONLY
E-MAIL ADDRESS ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110	
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT	
EXPUNGEMENT FINANCIAL DATA SHEET RE: ABILITY TO PAY COSTS OF SERVICES	
CASE NUMBER:	

CURRENT MONTHLY INCOME			MONTHLY EXPENSES	
	Client	Other (spouse)	Rent or house payment	\$
Monthly take home pay	\$	\$	Water & Trash	\$
Social Security, pension, retirement	\$	\$	Electricity	\$
AFDC, Food stamps, WIC	\$	\$	Gas	\$
Unemployment and/or Disability	\$	\$	Telephone	\$
Other Income	\$	\$	Cable TV	\$
Total	\$	\$		\$

MONTHLY EXPENSES CONTINUED (i.e car payments, credit cards, medical payments, other loans etc.)		
Who do you owe?	Balance Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Net difference (Income minus Expenses): \$

I certify that the foregoing is a complete and accurate statement of my financial situation and that I have no other additional income or assets whatsoever. You have my express permission to verify the information furnished. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____

Date _____

ORDER

The \$60 cost for services rendered is imposed.

The Court finds the defendant does not have the ability to pay for services rendered.

Date: _____

Judge

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Other Income	\$	\$	Telephone	\$
Total	\$	\$	Cable TV	\$
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Who do you owe?	Balance Owed		Monthly Payment	
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	\$		\$	
	\$		\$	
	\$		\$	
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