



Superior Court of California, County of Riverside - Enhanced Collections Division

FINANCIAL AFFIDAVIT

CP: [] QMATIC # Time:

Please complete this form to determine your ability to pay according to the court order, or call Toll Free 1-877-955-3463 for assistance.

Personal Information

Case Number(s): Name: Date of Birth: Social Security Number: I.D. or Drivers License: Number of Dependents Living with you: Address: City: State: Zip: Phone Number: Cell Phone Provider/Carrier: Email Address: Alternate Phone Number: Name of Spouse/Partner: Spouse/Partner Phone #: Name of Relative: Relative Phone #:

Would you like to receive electronic payment notification reminders: [] Yes [] No Method: [] *Text [] Email

*Standard text messaging rates will apply. Check with your provider for cost details on your specific text plan.

Employment

Employer Name: Address: City: State: Zip: Phone #: Type of Job:

Income and Expenses

Net Monthly Income: \$ Other Income Source: Other Income Amount: \$ Monthly Basic Expenses: Rent or Mortgage Payment: \$ Utilities: (Gas, Electric, Water, Phone): \$ Food: \$ Public Transportation: \$ Car Payment: \$ Gas and Car Insurance: \$ Child Care/Support: \$ Court Ordered Programs Fees: \$ Other Necessary Monthly Expenses: \$ Total Monthly Expenses: \$

- A. I certify under penalty of perjury under the laws of the State of California that the information given by me in this affidavit is true and correct, reflects my financial situation, and that I have no other income whatsoever. Further, the court has my expressed permission to, as needed, 1) verify the information furnished through credit bureaus, and other tools, including references, and 2) make automated calls to the telephone number(s) provided, even if the telephone number is a cellular telephone.
B. If the notification reminder section is checked "Yes", I authorize the Superior Court of California, County of Riverside to send me electronic notification regarding payments due by me pursuant to my payment agreement. The electronic reminders will be sent approximately five (5) calendar days before the date due and there is no charge by the Court for this courtesy notice. I understand that it is solely my responsibility to make payments in the correct amount and by the set due date each month according to my payment agreement with the court. I also understand that due to circumstances beyond the Court's control, electronic notices may not always be deliverable or delivered in a timely manner, and the court reserves the right to discontinue sending electronic notification reminders at any time. To suspend or unsubscribe this service I will need to call 1-877-955-3463, visit the court, or access the court's website at http://www.riverside.courts.ca.gov/ecd/ecdreminers.shtml.

Signature: _____ Date: _____

Office Use Only

PIF DNPMT P/A MO EFF