

Superior Court of California, County of Riverside
Enhanced Collections Division
(Verification Form)

Financial Affidavit

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 over the telephone.

Personal Information			
Name:		Case Number:	
Address:		City:	
State:	Zip Code:	Phone #:	Alternate Phone #:
Social Security Number:		I.D. or Drivers License:	Date of Birth:
Email Address:		Name of Relative:	Relative Phone #:
Family			
Name of Spouse/Partner:		Number of Dependents Living with you:	
Employment			
Employer:			
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: \$			

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 I have provided, even if the telephone number is a cellular telephone.

Signature: _____ **Date:** _____

Office Use Only

PIF	DNPMT	P/A	MO EFF
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