

COUNTY OF SANTA BARBARA PROBATION DEPARTMENT  
COMMUNITY SERVICE WORK PROGRAM

**APPLICATION FOR CSW INSTALLMENT PAYMENTS / ABILITY TO PAY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Monthly Salary: \$ \_\_\_\_\_ Spouse's Monthly Salary: \$ \_\_\_\_\_  
(before taxes) (before taxes)

Number of Dependants: \_\_\_\_\_ Child Support paid per month: \$ \_\_\_\_\_  
(self=1, self + spouse =2, etc.)

Program fees paid to treatment providers per month: \$ \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CDL / ID # \_\_\_\_\_

1. I will pay an additional \$30 installment fee (adults only - no installment fee for juveniles) if I am eligible for the Installment Payment Plan. Minimum monthly installments are \$30 per month.
2. I understand that my CSW application fee and installment fee must be paid in full before my CSW is considered successfully completed. Failure to pay my CSW fee will be reported to the Superior Court.
3. I understand that if I fail to pay, I may be reported to the Franchise Tax Board and other credit agencies.
4. If I am not eligible for the Installment Payment Plan, please apply my installment fee to my CSW program application fee.
5. I understand that any fees paid are not refundable or transferable. If I choose not to work my CSW hours, I forfeit all fees paid to the Probation Department.
6. If I am asked, I will provide proof of declared salary amounts.

I declare under penalty of perjury that the foregoing is true and correct. I understand that Probation will retain this application whether or not it is approved. Probation and its agents are authorized to check my credit and perform wage verifications.

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

White: CSW File      Yellow: Client