

**CENTRAL OFFICE**  
450 B Street, Suite 900  
San Diego, CA 92101  
(619) 338-4700  
FAX (619) 338-4811

**NORTH COUNTY BRANCH**  
495 La Tortuga Drive, Suite 100  
Vista, CA 92081-4323  
(760) 945-4000  
FAX (760) 726-1308

**SOUTH BAY BRANCH**  
303 H Street, Suite 400  
Chula Vista, CA 91910-5551  
(619) 498-2001  
FAX (619) 498-2039



**EAST COUNTY BRANCH**  
250 E. Main Street, Sixth Fl.  
El Cajon, CA 92020  
(619) 579-3316  
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5530 Overland Drive, Suite 110  
San Diego, CA 92123-1261  
(858) 974-5757  
FAX (858) 974-5858

# County of San Diego

## OFFICE OF THE PRIMARY PUBLIC DEFENDER

**ANGELA BARTOSIK**  
CHIEF DEPUTY

Dear Sir or Madam:

I understand that you have a pending misdemeanor matter in the Chula Vista (South Bay) Division of the San Diego Superior Court, and that you are unable to come to court. The Public Defender may not be able to appear for you unless several prerequisites are met. First, a judge must determine that you financially qualify for a Public Defender. Next, you must waive your right to be present for court. Third, you must acknowledge that you understand all of your Constitutional trial rights. Finally, the court must understand why it is you cannot attend court.

I have enclosed the forms for you to complete and return to our office. One is a financial declaration which you must sign under penalty of perjury. Another is an acknowledgement of your Constitutional rights (you are not giving up your rights by signing this, only agreeing you were told what rights you have). A third is your waiver of your right to be personally present in court (called a "PC 977 waiver"). Fourth is an information sheet which you give the Public Defender permission to appear for you.

Please fill out all of these forms completely, accurately, and legibly. Return all completed to me by fax, mail, or email.

Once I receive the documents, I will assign one of our lawyers to make a court appearance on your behalf. The lawyer will ask the judge to have us appointed to represent you. After that court appearance, a lawyer will be in touch with you to discuss your options. If you have questions please feel free to contact me at the telephone number below.

Sincerely,

Mignon Hilts, Esq.  
Assistant Supervising Attorney  
South Bay Branch  
Law Offices of the Primary Public Defender  
(619) 498-2025; FAX (619) 498-2039; [mignon.hilts@sdcounty.ca.gov](mailto:mignon.hilts@sdcounty.ca.gov)



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FINANCIAL DECLARATION

PLEASE PRINT/LETRA DE MOLDE

Case No./No. del Caso \_\_\_\_\_

Last Name/Apellido Paterno \_\_\_\_\_ First/Nombre \_\_\_\_\_ MI/Inicial \_\_\_\_\_
Address/Dirección \_\_\_\_\_ Home Phone/No. de Teléfono \_\_\_\_\_
City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_
Soc. Sec. No./No. de Seguro Social \_\_\_\_\_ Date of Birth/Fecha de Nacimiento \_\_\_\_\_
Immigration No./No. de Mica \_\_\_\_\_ No. of Dependents/No. de Dependientes \_\_\_\_\_
Driver's License No./No. de Licencia de Manejo \_\_\_\_\_ State/Estado \_\_\_\_\_
Nearest Relative not Living with You/Pariente Cercano que No Resida con Usted \_\_\_\_\_
Relationship/Parentesco \_\_\_\_\_ Phone No./No. de Teléfono \_\_\_\_\_
Address/Dirección \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_

INCOME/INGRESO MENSUAL

Employer/Empleo-Patrón \_\_\_\_\_ Phone No./No. de Teléfono \_\_\_\_\_
Address/Dirección \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_
Occupation/Oficio \_\_\_\_\_ Time on Job/Tiempo en el Empleo \_\_\_\_\_
Net Pay/Pago Neto \$ \_\_\_\_\_ [ ] Monthly/Mensual [ ] Bi-weekly/Quincenal [ ] Weekly/Semanal
Spouse's Net Pay/Pago Neto de Espos(a) \$ \_\_\_\_\_ [ ] Monthly/Mensual [ ] Bi-weekly/Quincenal [ ] Weekly/Semanal
Other Income/Otra Fuente de Ingreso \$ \_\_\_\_\_ Source/Fuente \_\_\_\_\_
Total Monthly Income/Ingreso Mensual \$ \_\_\_\_\_
Bank Name/Nombre de Banco \_\_\_\_\_ Account No./No. de Cuenta \_\_\_\_\_
Branch/Sucursal \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_

MONTHLY EXPENSES/EGRESO MENSUAL

ASSETS/BIENES

Mortgage/Hipoteca \$ \_\_\_\_\_ Cash on Hand/Dinero en Efectivo \$ \_\_\_\_\_
Rent/Renta \$ \_\_\_\_\_ Savings Acct./Cta. de Ahorros \$ \_\_\_\_\_
Food/Comida \$ \_\_\_\_\_ Checking Acct./Cta. de Cheques \$ \_\_\_\_\_
Clothing/Ropa \$ \_\_\_\_\_ Credit Union/Agencias Financieras \$ \_\_\_\_\_
Utilities/Agua, Luz, y Gas \$ \_\_\_\_\_ Home/Casa Propia \$ \_\_\_\_\_
Cable TV/Cable \$ \_\_\_\_\_ Other Real Estate/Bienes Raices \$ \_\_\_\_\_
Medical/Dental/Médico/Dentista \$ \_\_\_\_\_ Automobiles/Automóviles \$ \_\_\_\_\_
Child Care/Guardería \$ \_\_\_\_\_ Make/Marca: \_\_\_\_\_ Yr./Año: \_\_\_\_\_ Lic.# \_\_\_\_\_
Auto Payment/Pago de Automóvil \$ \_\_\_\_\_ Make/Marca: \_\_\_\_\_ Yr./Año: \_\_\_\_\_ Lic.# \_\_\_\_\_
Auto Fuel/Gasolina \$ \_\_\_\_\_ Stocks/Bonds/Inversiones \$ \_\_\_\_\_
Auto Insurance/Seguro de Automóvil \$ \_\_\_\_\_ Credit Cards/Tarjetas de Crédito \$ \_\_\_\_\_
Other Bills/Otras Deudas \$ \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_
Total Income \$ \_\_\_\_\_
Total Expenses \$ \_\_\_\_\_
Net Income TOTAL \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

This statement of financial circumstances will be used to determine your ability to pay (1) a portion or all of the costs of legal assistance, (2) for the ignition interlock device or payment plan deferring the cost of the device, or (3) restitution, fines, or fees imposed by the court. If, after a hearing at the conclusion of the criminal proceedings, the court determines that you are able to pay costs of legal assistance, the court will order you to pay all or part of such costs. Such an order will have the same force and effect as a judgment in a civil action and will be subject to execution. This information, including your Social Security number, may be used as an aid in identification should it become necessary to pursue collection of any unpaid fine or court ordered cost, including using it in the tax intercept program by which the amount owing would be offset against any tax refund due.

Esta declaración financiera, se usará para determinar su solvencia, para determinar la cantidad que puede pagar (1) todo o parte del costo del asesoramiento legal (2) el aparato interlock del encendido del carro o plan de pagos diferidos del costo del aparato, o (3) restitución, multas, o costos que impuso el juez. Si al terminar las audiencias de su caso penal el juez determina que tiene los medios para pagar el asesoramiento legal, el juez ordenará que pague todo o una parte de estos costos. Esta orden tendrá la misma fuerza y efecto que tiene un fallo civil y quedará sujeto a su ejecución. Esta información, incluyendo su número de seguro social, se podrá usar como método de identificación si fuera necesario cobrar el saldo de la multa o cantidad ordenada por el juez, incluyendo el uso del programa de intercepción de impuestos y por lo tanto la cantidad se deducirá del cualquier reembolso de impuestos que le corresponde.

I hereby authorize the court or their duly appointed officer to contact my bank or any of my creditors and receive financial information regarding any of my accounts. Por medio de la presente doy mi autorización al Actuario del Tribunal o a su oficial debidamente nombrado para que se comuniquen con mi banco o cualquiera de mis acreedores y reciba información financiera relacionada con mis cuentas.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.
Executed on \_\_\_\_\_ at \_\_\_\_\_ Signature \_\_\_\_\_
DECLARO BAJO PENA DE PERJURIO QUE LO ANTEDICHO ES VERDADERO Y CORRECTO A MI MAYOR SABER Y ENTENDER.
Firmado el día de \_\_\_\_\_ en \_\_\_\_\_ Firma \_\_\_\_\_

PRE-SCREENING RECOMMENDATION:
Appointment of Counsel with Review at Conclusion of Proceedings. \_\_\_\_\_ Near Indigent Panel \_\_\_\_\_ Retain Own Counsel \_\_\_\_\_



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

ADVISAL OF CONSTITUTIONAL AND OTHER RIGHTS

People of the State of California vs. \_\_\_\_\_ Case No. \_\_\_\_\_

- 1. I have been advised of and I understand the following constitutional rights that apply to all criminal cases:
a. The right to a speedy and public trial;
b. The right to remain silent and not incriminate myself;
c. The right to confront and cross-examine all witnesses against me;
d. The right at the trial to present evidence in my favor which includes the right to have witnesses subpoenaed to testify in my behalf and to obtain all evidence that may exonerate me; and
e. The right in cases with a misdemeanor or felony to be tried by a jury of twelve people.
I understand that if I plead guilty or no contest, I waive and give up all of the rights listed above.
2. I understand I have a right to have an attorney defend me at all stages of the proceedings for a criminal case, and if my case involves a misdemeanor or felony and I cannot afford an attorney the court will appoint an attorney to represent me.
3. I understand that in cases for infractions and misdemeanors I have a right to be sentenced no sooner than six hours and no later than five days after a guilty or no contest plea, or a verdict.
4. I understand that I have a right to have a trial before a judge (felonies/misdemeanors) or court commissioner (infractions). If I am charged with a misdemeanor, I agree that a duly appointed court commissioner may act as a temporary judge and take all pleas, decide all motions, and sentence me in this case.
5. I understand that while I am subject to additional statutory fines and penalties, the basic potential penalties include:
a. For an infraction, up to \$250 on each first offense, unless otherwise specified by statute;
b. For a misdemeanor, up to 364 days in jail and/or \$1,000, unless otherwise specified by statute;
c. If applicable, restitution to the victim or to the Restitution Fund;
d. For a failure to appear/pay fine, a civil penalty of up to \$300, or an arrest/bench warrant, the addition of new misdemeanor or felony charges, and/or license holds and suspensions.
6. If the court appoints an attorney to represent me, the court will, after a hearing at the conclusion of the criminal proceedings, determine my ability to pay all or a portion of the cost of the attorney. A court order to pay all or part of the attorney fee will be a civil judgment and subject to collection.
7. If I am not a citizen, and am convicted of a misdemeanor or felony it may result in my deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.
8. If charged with an infraction violation of Pen. Code §§ 193.8, 272(b)(1), 330, 415, 485, 490.1, 490.7, 555, 532b(c), 602(o), 602.13, or 853.7; Bus. & Prof. Code §§ 2052, 2054, 2630, 2903, 3660, 3760, 3761, 4080, 4825, 4935, 4980, 4996, 5536, 6704, 6980.10, 7317, 7502, 7574.10, 7582, 7592, 7520, 7617, 7641, 7872(a), 8016, 8505, 8725, 9681, 9840, 9891.24(c), 19049, 21672, 25658(b), 25661 or 25662; Gov. Code § 27204; or Veh. Code §§ 5201.1, 12500, 14601.1, 23109(c), 27150.1, 40508 or 42005: I understand I have the right to elect to have the case proceed as a misdemeanor and, if I so elect, I would have all the rights and be subject to the potential penalties associated with a misdemeanor prosecution, and that I will be ordered to appear in court on a future date. I also understand that the prosecuting agency may not have reviewed my case before the Citation/Notice to Appear was filed with the court and that, if I elect to proceed as a misdemeanor, the prosecuting agency might review my case and add, delete or amend the charges.
9. I understand that there are certain provisions of law specifically designed for individuals who have "active duty or veteran status" (active military duty service, reserve duty status, National Guard service, and veteran status) and who have been charged with a crime. (See Pen. Code §§ 1001.80, 1170.9, 1170.91.) If I have active duty or veteran status, I may request a copy of the Judicial Council's Notification of Military Status form (JC Form #MIL-100) that explains my rights, and I may file that form with the court so that my active duty or veteran status is on file with the court. The form is also available online at www.courts.ca.gov. If I file a Notification of Military Status form (JC Form #MIL-100) with the court, I understand I must serve a copy of the form on the prosecuting attorney and defense counsel. The court will transmit a copy of the form to the county's Veterans Service Office for confirmation of my military service. The court will also transmit a copy of the form to the Department of Veterans Affairs. I understand I should consult with an attorney prior to submitting the Notification of Military Status form and I may, without penalty, decline to provide this information to the court.

I certify under penalty of perjury that I have read and understand my rights as set forth above.

Date: \_\_\_\_\_ Signature of Defendant

I, \_\_\_\_\_, having duly been sworn, truly translated this form to the defendant in the \_\_\_\_\_ language. (S)he indicated that (s)he understood the contents and then signed it.

Date: \_\_\_\_\_ Signature of Interpreter

I, \_\_\_\_\_, have advised this defendant of all rights referred to above.

Date: \_\_\_\_\_ Signature of Attorney

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> 0CENTRAL COURT, 220 W. BROADWAY, SAN DIEGO, CA 92101-3409 0NORTH COUNTY BRANCH, 325 S. MELROSE, VISTA, CA 92081-6627 0EAST COUNTY COURT, 250 E. MAIN, EL CAJON, CA 92020-3913 0SOUTH BAY COURT, 80 THIRD, CHULA VISTA, CA 91910-5694		COURTUSE ONLY	
PEOPLE OF THE STATE OF CALIFORNIA VS		PLAINTIFF	
DEFENDANT		CRIMINAL CASE NUMBER	
WAIVER OF DEFENDANT'S PERSONAL PRESENCE (Penal Code § 977)		DA	

The undersigned defendant, having been advised of the right to be present at all stages of the proceedings, including but not limited to presentation of and arguments on questions of fact and law, and to be confronted by and cross-examine all witnesses, hereby waives the right to be present at the hearing of any motion or other proceeding in this cause. The undersigned defendant hereby requests the court to proceed during every absence of the defendant that the court may permit pursuant to this waiver, and hereby agrees that the defendant's interest is represented at all times by the presence of the defendant's attorney the same as if the defendant were personally present in court, and further agrees that notice to said attorney that the defendant's presence in court on a particular day at a particular time is required is notice to the defendant of the requirement of the defendant's appearance at that time and place.

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

\_\_\_\_\_  
 (Defendant Signature)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Zip Code)

APPROVED:

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

\_\_\_\_\_  
 (Attorney for Defendant)



**COUNTY OF SAN DIEGO  
OFFICE OF THE PRIMARY PUBLIC DEFENDER  
REQUEST FOR REPRESENTATION IN A  
MISDEMEANOR CASE**

Please fill out and sign this form if you would like to ask the court to appoint a deputy public defender to represent you in your misdemeanor case. This form is only for those persons who are unable to personally come to court due to distance or disability. **IN SOME CASES, AND IN ALL DOMESTIC VIOLENCE CASES, THE COURT REQUIRES CLIENTS TO BE PERSONALLY PRESENT IN COURT.**

This form is for Chula Vista (South Bay) misdemeanors only. If your case is in Vista, (760) 945-4000, El Cajon Office, (619) 441-4890, or San Diego, (619) 338-4700, you need to contact the office where your case is filed.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Misdemeanor Case or Citation number(s), if known: \_\_\_\_\_

Charges: \_\_\_\_\_ Court Date: \_\_\_\_\_

Reason you cannot or did not appear: \_\_\_\_\_

Do you want to waive your personal presence in court so that you do not have to appear?  
 YES     NO

Do you wish to have a deputy public defender represent you at future court hearings?  
 YES     NO

If so, the Primary Public Defender's Office will make an appearance for you in the arraignment court and ask the court to appoint the Primary Public Defender to represent you. After the initial appearance, our office will contact you regarding future court dates and send the appropriate forms for you to sign. We will also explain any plea bargain the prosecutor has made in your case and, if applicable, send along the appropriate change of plea forms. If you decide you want to go to trial on your case, you will need to arrange to return to San Diego to do so.

Date: \_\_\_\_\_ Signature of Defendant: \_\_\_\_\_

Fill out and return all 4 forms to:  
 Office of the Primary Public Defender  
 303 H Street, Suite 400  
 San Diego, CA 92020  
 FAX: (619) 498-2039  
 E-Mail: Melvin.Epley@sdcounty.ca.gov