

Note: You MUST complete pages 1, 2, & 3 of this form.

You may file this request if you have a financial hardship and can show that you are unable to pay the full amount for the offense(s) on your case. You may request the Court to consider your ability to pay in setting the fine amount. Also, if you are ordered to pay a fine you may ask the Court for an installment payment plan that is based on your ability to pay, or ask the Court to approve community service or alternative to paying the fine due to financial hardship. However, you must appear before the Court to do so. This form should be completed and brought to court when you appear. You may be asked to provide financial documentation in support of your request.

Clerk stamps date here when form is filed.

Fill in court name and street address here

Fill in case number and name:

Case Number:
Name:

1. Your Information:

Name:
Street or mailing address:
City: State: Zip:
Phone Number:

2. Your Job, if you have one (job title):
Employer's address:
Name of employer:

3. Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- a. The lawyer has agreed to represent you without charging fees or costs (circle one): YES / NO
b. (If yes, your lawyer must sign here): Lawyer's signature:
If no, and your lawyer is not providing legal-aid type services based on your low income, please explain below and on page 2.

4. I am requesting consideration of the Court on this case based on my "ability to pay determination".

- a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance HHS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)
b. My gross monthly household income (before deductions for taxes) is less than the amount listed below.

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Includes a note: If more than 6 people at home, add \$435.42 for each extra person.

c. I do not have enough income or available credit to pay for my household's basic needs. (Explain):

**You MUST fill out this entire page.**

5.  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**6. Your Monthly Income**

- a. Gross monthly income (*before deductions*): \$ \_\_\_\_\_  
List each payroll deduction and amount below:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_
- b. Total deductions (*add 8a (1)-(4) above*): \$ \_\_\_\_\_
- c. Total monthly take-home pay (*8a minus 8b*): \$ \_\_\_\_\_
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.  
  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_
- e. **Your total monthly income is (8c plus 8d):** \$ \_\_\_\_\_

**7. Household Income**

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. **Total monthly income of persons above:** \$ \_\_\_\_\_

**Total monthly income and household income**

(*8e plus 9b*): \$ \_\_\_\_\_

**8. Your Money, Assets, and Property**

- a. Cash \$ \_\_\_\_\_
- b. All financial and credit accounts (*List bank and available balance*):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much you Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much you Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property (stocks, bonds, jewelry, furniture, collectables, antiques, art, etc...)

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

**9. Your Monthly Expenses**

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment and maintenance \$ \_\_\_\_\_
- b. Food and household supplies \$ \_\_\_\_\_
- c. Utilities and telephone \$ \_\_\_\_\_
- d. Clothing \$ \_\_\_\_\_
- e. Laundry and cleaning \$ \_\_\_\_\_
- f. Medical and dental expenses \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc...) \$ \_\_\_\_\_
- h. School, child care \$ \_\_\_\_\_
- i. Child, spousal support (another marriage) \$ \_\_\_\_\_
- j. Transportation, gas, auto repair, insurance \$ \_\_\_\_\_
- k. Installment payments (list each below):

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

l. Wages/earnings withheld by court order \$ \_\_\_\_\_

m. Any other monthly expenses (*list each below*).

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

**Total monthly expenses (add 11a – 11m above):** \$ \_\_\_\_\_

To list any other facts you want the Court to know, such as unusual medical expenses, family emergencies, etc., attach a sheet of paper, and write the Financial Information and your name and case number at the top.  
Check here if you attach another page.

Your Name: _____	Case Number: _____
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**10.  Community Work Service** – By marking this box I am requesting that the Court allow me to complete community work service in my area instead of paying fines and fees in whole or in part. I understand community service must be completed at a non-profit organization, church, or public school. If approved, I plan to perform community service for the following organization:

Name of non-profit/church/school: \_\_\_\_\_  
 Address of organization: \_\_\_\_\_  
 Contact name and phone number of organization: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

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

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*

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**For Judicial Use Only**

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**Granted as follows:**

Total of fines and fees suspended

Fine modified to \$\_\_\_\_\_, payable in installments of \$\_\_\_\_\_ per month beginning \_\_\_\_\_ with additional \$35.00 accounts receivable fee.

Fine modified to \$\_\_\_\_\_ due by \_\_\_\_\_ with additional \$30.00 accounts receivable fee.

Fine modified to \$\_\_\_\_\_ due forthwith.

Total fine of \$\_\_\_\_\_ imposed, all of which may be satisfied by \_\_\_\_\_ Community Service hours to be completed through \_\_\_\_\_  
 By \_\_\_\_\_.

Total fine of \$\_\_\_\_\_ imposed, \$\_\_\_\_\_ of which is ordered payable at the rate of \$\_\_\_\_\_ per month beginning \_\_\_\_\_, with the remaining balance of the fine to be satisfied by \_\_\_\_\_ hours of Community Service through \_\_\_\_\_ by \_\_\_\_\_.

Installment payments authorized on total original fine of \$\_\_\_\_\_ per month beginning \_\_\_\_\_ with additional \$35.00 accounts receivable fee.

Case recalled from California State Franchise Tax Board or Allianceone Collection Agency.

Driver license hold lifted.

The Court orders: \_\_\_\_\_  
 \_\_\_\_\_

**Denied**

Driver license hold remains based on the ability to pay determination.

The Court orders: \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
**Judge's Signature**