

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

If you received a Failure to Pay notice or your case has been referred to collections, 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. **After completion, mail or bring in this form to the Clerk's office at either 301 West Line Street, Bishop, CA 93514 or 168 North Edwards Street, P.O. Box 518, Independence, CA 93526.** 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.

| | | | | | | |
|-------------|---------------|-------------|---------------|-------------|---------------|---|
| Family Size | Family Income | Family Size | Family Income | Family Size | Family Income | <i>If more than 6 people at home, add \$435.42 for each extra person.</i> |
| 1 | \$1,256.26 | 3 | \$2,127.09 | 5 | \$2,997.92 | |
| 2 | \$1,691.67 | 4 | \$2,562.51 | 6 | \$3,433.34 | |

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

Your Name: _____

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: _____ |
|------------------|--------------------|

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: _____

11. **Application to vacate civil assessment** – I assert that the reason(s) set out below constitute good cause and supports vacating the civil assessment: ***(You must complete this section and you must attach written proof that the selected item existed on the original payment due date)***

- Hospitalization
 Incarceration
 Out of state military duty
 Financial hardship
 Other

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

For Judicial Use Only

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.

- Civil assessment is vacated.
 Late fee is vacated.
 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