

You MUST complete ALL pages 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 citation. 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. You may be asked to provide financial documentation in support of your request.

- 1. You may only file this request if you wish to plead guilty and be convicted of the violation(s) contained on your citation, OR if you have already been convicted and need to request a modification of your fine amount.
2. This form cannot be used to request bail be waived or reduced in order to contest your citation by Trial by Written Declaration or Court Trial. Those processes require you to either post the full bail amount or appear in court. If you wish to submit this form with the full bail amount and request for trial, the court may consider your petition if you are found guilty.
3. This form can only be used for INFRACTIONS. DO NOT use this form if you were charged with a misdemeanor or felony.
4. Complete the entire form and mail it to the court or submit it to the Clerk's office in-person.

Clerk stamps date here when form is filed.

Fill in court name and street address here

- Superior Court, Inyo County 301 West Line Street Bishop, CA 93514
Superior Court, Inyo County 168 North Edwards Street P.O. Box 518 Independence, CA 93526

Fill in case number or citation number:

Case Number or Citation Number:

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 in the table below.

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Rows show income levels for family sizes 1-6. Includes note: If more than 6 people at home, add \$450.00 for each extra person.

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

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.

9. **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: _____

10. **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

11. **Traffic School Request** – by marking this box I request approval to attend traffic school if the Court finds I am eligible to attend.

ADVISEMENT OF RIGHTS

By submitting this form and signing below I understand that I am pleading guilty to and will be convicted of the violation(s) alleged on my citation, and that each violation that is reportable to the Department of Motor Vehicles (DMV) will be reported as a conviction. I declare that I have read and understand my rights printed below, which I now choose to give up:

(initial)

_____ To appear in court without deposit of bail for formal arraignment, plea, and sentencing;

_____ To request and have a court trial without deposit of bail, unless the court orders bail, and challenge the charges;

_____ To have a speedy court trial and have the charges dismissed if a speedy trial is requested but not provided;

_____ To request a Trial by Written Declaration by posting the full bail amount, and challenge the charges;

_____ To be represented by an attorney at your expense;

_____ To subpoena or present witnesses and physical evidence using the power of the court at no cost to you and to testify on your own behalf;

_____ To confront and cross-examine all witnesses under oath testifying against you; and

_____ To remain silent and not testify

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 \$_____ plus fees of \$_____ and \$35.00 accounts receivable fee, for a total of \$_____ payable in installments of \$_____ per month beginning _____.

Fine modified to \$_____ plus fees of \$_____ and \$30.00 accounts receivable fee, for a total of \$_____ due in full by _____.

Fine modified to \$_____ plus fees of \$_____, for a total of \$_____ due forthwith.

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

Total fine and fees 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 and fees of \$_____ per month beginning _____

with additional \$35.00 accounts receivable fee.

Late fee is vacated.

Civil assessment is vacated.

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

Driver license hold lifted.

Traffic school request GRANTED, due date for completion is _____ (\$69.00 Traffic School Approval fee is included in total amount due)

Traffic school request is DENIED due to ineligibility.

The Court orders: _____

Denied

The Court orders: _____

Date: _____

Judge's Signature