

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO**CONFIDENTIAL**

STREET ADDRESS:

CITY AND ZIP

CODE:

DISTRICT NAME:

FOR COURT USE ONLY

PLAINTIFF: People of the State of California vs.**REQUEST FOR CONSIDERATION OF ABILITY TO PAY**

Fill out this form to request a lower fine, a payment plan, more time to pay, and/or community service. This form is used for infractions only, and cannot be used for misdemeanors, parking tickets, or felonies.

Citation or Case No.:

Charges: 1.§ 2.§ 3.§ 4.§ 5.§

WHAT IS THE STATUS OF THIS CASE? Please check only one.

- OPTION 1:** I have NOT been to Court or signed an agreement to pay fines/fees on this citation, **OR**
- OPTION 2:** I HAVE been to Court on this ticket, but no pleas were entered and no fines/fees were set, **OR**
- OPTION 3:** The case has been heard by the Court and fines/fees imposed. I am requesting a modification to the current order.

IF YOU CHOOSE OPTION 1 OR 2, YOU MUST READ AND INITIAL THE FOLLOWING:

I want to plead guilty to all charges and have the court rule on my fines/fees. I have read the Advisal of Rights on the reverse of this form, and I understand my initials and signature on this form are an admission of GUILT and my Driver's License may be affected. _____ (initial here)

REQUEST**WHAT ARE YOU ASKING THE COURT TO DO?** Check all that you are willing and able to do:

(I understand that, by law, some fines/fees cannot be lowered.)

- Lower the amount I owe on the fine.
- Give me more time to pay the fine or allow me to make monthly payments.
- Lower my current monthly payments to \$_____ per month.
- Allow me to serve community service instead of paying a fine.
- Check this box if this is not your first request to lower your fine or serve community service for this case.*

* If you check this box, you must attach a statement telling the Court what has changed since your last request.

PERSONAL INFORMATION:

Your Name:

Mailing Address:

Date of Birth:

City, State, Zip Code:

Driver's License Number:

Telephone Number:

INCOME INFORMATION:

Your Monthly Income: \$ _____ Source (Job, TANF, SSI, Disability, etc.) _____

Other Household Income: \$ _____ Source (Job, TANF, SSI, Disability, etc.) _____

Number of Children in Household: _____ Total number in Household: _____

I currently receive the following (check all that apply):

AFDC/TANF CalFresh CalWorks or Tribal TANF CAPI County Relief/General Assistance

Your Monthly Expenses (list amounts for all that apply):

Car/Gas: _____ Childcare: _____ Child Support: _____ Food: _____

Health Insurance: _____ Rent/Mortgage: _____ Student _____ Utilities _____

Please provide any additional information or documentation:

ADVISEMENT OF RIGHTS

By choosing to pay and forfeit bail and not go into court, you will be giving up these rights:

- 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 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 all information on this form, including any attachments, is true and correct.

Signature

Date

Print your name here