

**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. You may also use this form to request traffic school approval if you are not eligible.

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. 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.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$450.00 for each extra person.</i>
1	\$1,264.59	3	\$2,164.59	5	\$3,064.59	
2	\$1,714.59	4	\$2,614.59	6	\$3,514.59	

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

\_\_\_\_\_

4.  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.

**5. Your Monthly Income**

- a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
 List each payroll deduction and amount below:
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- b. Total deductions (add 5a (1)-(4) above): \$ \_\_\_\_\_  
 c. Total monthly take-home pay (5a minus 5b): \$ \_\_\_\_\_  
 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 (5c plus 5d):** \$ \_\_\_\_\_

**6. 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**

(5e plus 6b): \$ \_\_\_\_\_

**7. 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) _____ | \$ _____          | \$ _____               |

**8. 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 8a – 8m 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. **What are you asking the court to do?** (Check **ALL** that you are willing and able to do)

- a.  **Lower the amount I owe on the fine.**
- b.  **Payment plan** – By marking this box I am requesting that the court allow me to make monthly payments on the fines and fees I owe.
- c.  **More time to pay** – By marking this box I am requesting that the court allow me more time to pay the fines and fees I owe.
- d.  **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: \_\_\_\_\_

- e.  **Application to vacate civil assessment** – I am marking this box because late fees and assessments have been added to my fine, and 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

- f.  **Traffic School Request** – by marking this box I request approval to attend traffic school. I understand that if I am not eligible for traffic school and the court denies my request, I will still be convicted of the offense and the conviction will be reported to my record with the Department of Motor Vehicles. I understand that if I have attended traffic school for another ticket issued within 18 months of this ticket, the court cannot grant me traffic school approval. (Please note that if your Reminder Notice gave you the option to attend traffic school, you are automatically eligible, and your request will be granted by the court.)

## ADVISEMENT OF RIGHTS

By submitting this form, initialing each item below, 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 each line)*

- \_\_\_\_\_ 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**

**PETITION IS DENIED:**

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

**PETITION IS GRANTED AS FOLLOWS:**

**SENTENCE IMPOSED AS FOLLOWS:**

Total of fines and fees suspended.

Original fine of \$\_\_\_\_\_ imposed plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ payable at the rate of \$\_\_\_\_\_ per month beginning \_\_\_\_\_.

Original fine of \$\_\_\_\_\_ imposed plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ due in full by \_\_\_\_\_.

Fine reduced to \$\_\_\_\_\_ plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ payable at the rate of \$\_\_\_\_\_ per month beginning \_\_\_\_\_.

Fine reduced to \$\_\_\_\_\_ plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ due in full by \_\_\_\_\_.

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 \_\_\_\_\_.

**SENTENCE PREVIOUSLY IMPOSED IS MODIFIED AS FOLLOWS:**

Fine modified to \$\_\_\_\_\_ plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ payable at the rate of \$\_\_\_\_\_ per month beginning \_\_\_\_\_.

Fine modified to \$\_\_\_\_\_ plus fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ due in full by \_\_\_\_\_.

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:**

Traffic school request GRANTED, due date for completion is \_\_\_\_\_ (\$69.00 / \$73.00 Traffic School Approval fee is included in total amount due)

Traffic school request GRANTED, \$69.00 / \$73.00 Traffic School Approval Fee is due by \_\_\_\_\_. Due date for completion of Traffic School is \_\_\_\_\_.

Traffic school request is DENIED due to ineligibility.

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

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

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