TR-105

1. Your Information:

Petition For Consideration re Ability to Pay Infraction Citation

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Clerk stamps date here when form is filed.

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.

- You may only file this request if you wish to <u>plead guilty</u> 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.
- 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.

-ill in	court	name	and	street	add	ress i	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:

	Name:	
	Street or mailing address:	
	City:	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	If more than 6 people
1		\$1,264.59	3	\$2,164.59	5	\$3,064.59	at home, add \$450.00
2		\$1,714.59	4	\$2,614.59	6	\$3,514.59	for each extra person.

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.		c.	Cars, boats, and	other vehicles		
	Fill out below based on your average income for the past 12				Fair Market		How Much you
	months.			Make / Year	Value		Still Owe
_				(4)	<u>,</u>		
	Your Monthly Income			(1)	\$\$ \$\$	_ ੨	
	a. Gross monthly income (before deductions): \$			(2)	\$	_ \$	
	List each payroll deduction and amount below:			(3)	\$\$	_ \$	
	(1) \$						
	(2) \$		d.	Real estate			
	(3) \$				Fair Market		How Much you
	(4) \$			Address	Value		Still Owe
	b. Total deductions (add 5a (1)-(4) above): \$			(1)	\$	_\$	
	c. Total monthly take-home pay (5a minus 5b): \$			(2)	\$	_\$	
	d. List the source and amount of <u>any</u> other income you get each			(3)	\$	_\$	
	month, including: spousal/child support, retirement, social						
			e.	Other personal p	roperty (stocks, bond	ls, jew	elry, furniture,
	security, disability, unemployment, military basic			collectables, anti			
	allowance for quarters (BAQ), veterans payments,				Fair Market		How Much You
	dividends, interest, trust income, annuities, net business			Describe	Value		Still Owe
	or rental income, reimbursement for job-related expenses,			Describe	Value		Juli Owe
	gambling or lottery winnings, etc.			(1)	\$	ć	
	garibing of lottery willings, etc.			(1)	ş	ــــــ	
				(2)	\$\$	_ ੨	
	(1) \$			(3)	\$\$	_ \$	
	(2) \$						
	(3) \$						
	(4) \$	8.	You	ır Monthly Expe	nses		
			(Do	not include payroll	deductions you alrea	dy list	ed in 8b.)
	e. Your total monthly income is (5c plus 5d): \$						
	, , , ,		a.	Rent or house pa	yment and maintena	nce	\$
			b.	Food and househ			\$
6.	Household Income		c.	Utilities and telep	• •		\$
0.			d.	Clothing			\$
	a. List all other persons living in your home and their income;		e.	Laundry and clea	ning		č
	include only your spouse and all individuals who depend		f.	•	_		٠
	in whole or in part on you for support, or on whom you			Medical and den	•		\$
	depend in whole or in part for support.		g.	•	ealth, accident, etc)		ž
	Gross Monthly		h.	School, child care		,	\$
	Name Age Relationship Income		i.		pport (another marria		\$
	Name //ge netationship income		j.		gas, auto repair, insura		\$
	4.0		k.		nents (list each below)):	
	(1)\$			Paid to:			How Much?
	(2)\$						
	(3)\$			(1)			\$
	(4)\$			(2)			\$
	(·/			(3)			\$
			I.	Wages/earnings	withheld by court ord	ler	\$
	b. Total monthly income of persons above: \$		m.		ly expenses (list each		
				Paid to:	ny expenses (not euch		How Much?
Tota	I monthly income and household income			i aid to.			riow wacii:
				(1)			<u> </u>
	(5e plus 6b): \$			(1)			ž
				(2)			\$
				(3)			\$
_	Variable and Assats and Business.						
7.	Your Money, Assets, and Property	Tota	al mo	onthly expenses	(add 8a – 8m abov	e):	\$
	a. Cash \$						
	b. All financial and credit accounts (List bank and available	Ta	a lic+	any other facts :	ou want the Court	to kn	ow such as
	balance):						
					es, family emergenci		
	(1) \$				te the Financial Info	rmatic	n and your
	(2) \$	na	ame a	nd case number at	the top.		
	4.0	Ch	neck h	ere if you attach a	nother page.		
	(4) \$	"		,	05.		
	(3) \$			nere if you attach a	· —		_

Wł	nat 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:

(initia	l 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
	er penalty of perjury under the laws of the State of California that the information I have provided and all attachments is true and correct.
Date:	
	Print your name here Sign here

For Judicial Use Only PETITION IS DENIED: SENTENCE PREVIOUSLY IMPOSED IS MODIFIED AS **FOLLOWS:** The Court orders: Fine modified to \$_____ plus fees of \$____ for a total of \$_____ payable at the rate of \$_____ per PETITION IS GRANTED AS FOLLOWS: month beginning _____. Fine modified to \$_____ plus fees of \$____ for a SENTENCE IMPOSED AS FOLLOWS: total of \$_____due in full by _____. Total of fines and fees suspended. Late fee is vacated. Original fine of \$_____ imposed plus fees of \$_____ payable at the rate of Civil assessment is vacated. Case recalled from California State Franchise Tax \$ per month beginning . Board or Allianceone Collection Agency. Original fine of \$_____ imposed plus fees of \$____ for a total of \$____ due in full by Driver license hold lifted. Fine reduced to \$_____ plus fees of \$_____ for a total of \$_____ payable at the rate of \$_____ per month beginning _____. TRAFFIC SCHOOL REQUEST: Fine reduced to \$_____ plus fees of \$_____ for a total of \$____ due in full by _____. Traffic school request GRANTED, due date for completion is (\$73.00 Traffic School Approval fee is included in total amount due) Total fine and fees of \$_____ imposed, all of which may be satisfied by Community Service hours to Traffic school request GRANTED, \$73.00 Traffic School Approval Fee is due by ______. Due date for be completed through _____ completion of Traffic School is _____ By _____. Total fine and fees of \$_____ imposed, \$____ Traffic school request is DENIED due to ineligibility. of which is ordered payable at the rate of \$_____ per month beginning , with the The Court orders: remaining balance of the fine to be satisfied by _____ hours of Community Service through ______by _______. Date: _____ Judge's Signature