

Note: You MUST complete pages 1 and 2 of this form

Clerk stamps date here when form is filed.

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. However, you must appear before the Court to do so. This form should be completed when you appear in court. You may be asked to provide financial documentation in support of your request.

Fill in court name and street address:

**Superior Court of California,
County of Fresno**

Fill in case number and name:

Case Number:

Case 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 (check 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 HSS (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 \$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):

You must fill out this entire page.

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

/S/

Sign here

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 & 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 and insurance \$ _____
 k. Installment payments (list each below):
- | Paid to: | How Much? |
|-----------|-----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- l. Wages/earnings withheld by court order \$ _____

Your name: _____

9 Your Monthly Expenses (cont.)

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 form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

/s/ _____
Signature

For Judicial Use

- Granted Denied
- Balance of Fine and or Fees Suspended Driver license hold remains based on the ability to pay determination
- _____ Community Service hours to be complete through _____ by _____ The Court orders:
- Installment payments of \$ _____ per month beginning _____ with additional \$35.00 installment plan fee
- Fine modified to / by \$ _____ due forthwith.
- Fine modified to / by and payable in full by _____ with additional \$30.00 time to pay fee
- Fine modified to / by and payable in full by _____ with additional \$30.00 time to pay fee
- Fine modified to / by _____, payable in installments of _____ per month beginning with additional \$30.00 time to pay fee
- Case recalled from GC/MSB Collection Agency
- Driver license hold lifted
- Court orders:

Date: _____

Judge's Signature