

<input type="checkbox"/> Attorney: _____ Bar No.: _____ Defendant's Name: _____ Mailing Address: _____ City and Zip Code: _____ E-mail Address: _____ Telephone No. _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY Marina Division – 3180 Del Monte Blvd., Marina, CA 93933	
The People of the State of California vs. _____ _____, Defendant	
APPLICATION TO REDUCE THE TRAFFIC COURT FINE/CIVIL ASSESSMENT (Ability to Pay Determination); CONFIDENTIAL FINANCIAL DECLARATION AND ORDER (California Rule of Court 4.106 and 4.335)	CASE NUMBER: _____

CONFIDENTIAL DOCUMENT

You must **COMPLETE EACH LINE** and **ATTACH RELEVANT FINANCIAL DOCUMENTS** that you wish the court to consider.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your basic household needs and your traffic fines/assessments, you may use this form to request the Court vacate or reduce the fines/Civil Assessment on your traffic matters. The court will consider your due diligence in appearing or paying and your financial circumstances. Fully and truthfully complete the Financial Declaration below so the court can determine your ability to pay. You may be required to provide further information or appear in court for a hearing. Any order made pursuant to this request will have the same force and effect as a judgment in a civil action.

I am requesting the Court vacate or reduce the Fines/ Civil Assessment based upon the following information:

1. YOUR INFORMATION:

Name: _____ Other Names: _____
 Address: _____
 Date of Birth: _____ Home Phone: _____ Driver's License Number: _____
 Married: (__ Yes __ No) Spouse Name: _____

2. YOUR JOB:

Job Title: _____ Name of Employer: _____
 Employer's Address: _____

3. What Court fines or assessments are you asking to be waived or reduced?

Traffic Fine in the amount of: \$ _____
 Civil Assessment in the amount of: \$ _____

4. WHY ARE YOU ASKING THE COURT TO REDUCE YOUR FINE OR WAIVE CIVIL ASSESSMENTS? (check all that apply)

- a. My income is from (check all that apply and attach proof): Food Stamps General Assistance
 TANF (Tribal) SSI IHSS SSDI Medi-Cal CalWORKS CAPI
 Retirement Wages Self Employment Scholarships/Grants Rental Income
- b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 4b, you must fill out question, 5, 6, 7, 8, 9, and 10 below

Family	Size	Family	Income	Family	Size	Family	Income	Family	Size	Family	Income
1		\$1,256.26		3		\$2,127.19		5		\$2,997.92	
2		\$1,691.67		4		\$2,562.51		6		\$3,433.34	

- c. I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to: (check all that apply and you must fill out questions 5, 6, 7, 8, 9, and 10 below:
- Waive all fines. waive the civil assessment.

Reduce some of the fines.

Let me make payments over time.

d. Describe reasons establishing good cause to vacate or reduce your fine/civil assessments:

I declare under penalty of perjury under the laws of the State of California that the information provided on this form and all attachments are true and correct. Signature: _____ Date: _____

<p>5. YOUR GROSS MONTHLY INCOME List source and amount of ANY income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters, veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.</p> <p>(a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ (e) _____ \$ _____</p> <p>YOUR TOTAL MONTHLY INCOME \$ _____</p>	<p>8. YOUR MONEY AND PROPERTY:</p> <p>(a) Cash: _____ \$ _____</p> <p>(b) All financial accounts (list bank name and amount): 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____</p> <p>(c) Cars, boats and other vehicles:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Make/Year</th> <th style="text-align: left;">Value</th> <th style="text-align: left;">Amt. Owing</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>3. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p>(d) Real Estate:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Address</th> <th style="text-align: left;">Value</th> <th style="text-align: left;">Amt. Owing</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p>(e) Other personal property (jewelry, furniture,, stocks, bonds, etc)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Value</th> <th style="text-align: left;">Amt. Owing</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>	Make/Year	Value	Amt. Owing	1. _____	\$ _____	\$ _____	2. _____	\$ _____	\$ _____	3. _____	\$ _____	\$ _____	Address	Value	Amt. Owing	1. _____	\$ _____	\$ _____	2. _____	\$ _____	\$ _____	Description	Value	Amt. Owing	1. _____	\$ _____	\$ _____	2. _____	\$ _____	\$ _____
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<p>6. HOUSEHOLD INCOME List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">NAME</th> <th style="text-align: left;">AGE</th> <th style="text-align: left;">RELATIONSHIP</th> <th style="text-align: left;">INCOME/Month</th> </tr> </thead> <tbody> <tr> <td>(a) _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(b) _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(c) _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>TOTAL MONTHLY INCOME OF OTHERS \$ _____</p>	NAME	AGE	RELATIONSHIP	INCOME/Month	(a) _____	_____	_____	_____	(b) _____	_____	_____	_____	(c) _____	_____	_____	_____	<p>9. YOUR MONTHLY DEDUCTIONS AND EXPENSES:</p> <p>a. List any payroll deductions and the monthly amounts</p> <p>1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____</p> <p>b. Rent or house payment & maintenance \$ _____</p> <p>c. Food and household supplies \$ _____</p> <p>d. Utilities and phone \$ _____</p> <p>e. Clothing \$ _____</p> <p>f. Laundry and cleaning \$ _____</p> <p>g. Medical and dental expenses \$ _____</p> <p>h. Insurance (Life, health, etc.) \$ _____</p> <p>i. School, child care \$ _____</p> <p>j. Child, spousal support paid \$ _____</p> <p>k. Transportation, gas, auto repair/insur \$ _____</p> <p>l. Installment payments (list each below):</p> <p>1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____</p> <p>m. Wages withheld by Court order \$ _____</p> <p>n. Other monthly expenses (list each below):</p>														
NAME	AGE	RELATIONSHIP	INCOME/Month																												
(a) _____	_____	_____	_____																												
(b) _____	_____	_____	_____																												
(c) _____	_____	_____	_____																												

	1. _____ \$ _____
	2. _____ \$ _____
	3. _____ \$ _____
7. TOTAL MONTHLY HOUSEHOLD INCOME \$ _____	10. TOTAL MONTHLY EXPENSES \$ _____

ORDER

Based upon the information provided by the defendant, the following determination is made:

- Defendant fine of \$ _____ is reduced to _____.
- Defendant is ordered to pay the fine of \$ _____ in equal monthly installments of \$ _____ on the _____ day of each month starting _____. If you miss a payment the total remaining amount becomes immediately due.
- The civil assessment of \$ _____ is waived.
- Your request is denied because it is incomplete. You have ten (10) calendar days from the date this form was mailed to submit the following: _____
- Your request is denied.
- Set for hearing on _____, 20__ at 10:00 a.m., in Dept. 20, Marina Traffic Division, 3180 Del Monte Blvd., Marina, CA.

Dated: _____

Traffic Commissioner of the Superior Court