

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	(COURT USE ONLY)
ATTORNEY FOR: (Name): Superior Court of California, County of Kern	
DEFENDANT/PETITIONER:	
PETITION FOR ABILITY-TO-PAY DETERMINATION (CRC 4.335); AND ORDER	DOCKET NUMBER:

(FOR USE IN TRAFFIC AND OTHER INFRACTION CASES)

California Rules of Court, Rule 4.335

You may request an ability-to-pay determination at adjudication, or while the judgment remains unpaid, including when a case is delinquent or has been referred to a collection program.

This request must include any information or documentation you wish the court to consider in connection with the determination. The Judicial Officer has the discretion to conduct the review on the written record or to order a hearing.

The court may exercise its discretion to provide for payment on an installment plan, if available, suspend the fine completely or in part, or offer an alternative disposition.

Subsequent ability-to-pay determinations can be requested only based on a change in circumstance.

1. What are you asking the court to do? (Check all that apply)

- Reduce my total ticket fine to \$_____
- Give me more time to pay my total fine. I can pay total fine by _____(Month)_____ (Day),_____ (Year).
- Let me make monthly payments of \$_____ each month. I can make my first payment on _____(Month)_____ (Day),_____ (Year).
- Other:

2. Is this your first petition for this citation? Yes No

If yes, skip to question #3. If no, answer question below:

What has changed in your life or your family's life since then? (Check all that apply)

- Lost job or reduced hours at work Started to receive public benefits
- Suffered a serious illness or disability Other: _____

3. What type of income do you have?

(Check all that apply)- attach legible copies (not originals) of proof of income, Passport to Service, pay stubs, tax returns, rent or mortgage checks, reason(s) and any other documentation to support your request.

I get public benefits. (Check all that apply and attach copies of proof)

- Food Stamps (Cal fresh)
- Medi-cal
- CalWORKS or Tribal TANF
- Supplemental Security Income (SSI)
- State Supplementary Payment (SSP)
- County Relief/General Assistance
- In-Home Supportive Services (IHSS)
- Cash Assistance Programs for Immigrants (CAPI)

I do **not** get public benefits, but I have other income (**Answer below**)

(Attach copies of proof of income, check stubs, reason(s) and any other documentation to support your request)

- My gross monthly income from all sources is \$ _____. This money helps support me and _____ other people.
- (Mark if applicable) I do not have enough money to pay for basic living expenses.
- Explain your Reason for Petition: _____

Additional sheets attached to this document

4. Provide any other information you want to share with the court about why you cannot pay:

NOTE: If you missed a court date or failed to pay your ticket on time, the court may be charging you extra fees. Filling out this form will not take care of the extra charge

I promise that this information is TRUE.

I declare under penalty of perjury under the laws of the State of California that all information on this form and the attachments is true.

Date: _____

Signature: _____

Print Name: _____

ORDER RE: PETITION FOR ABILITY-TO-PAY DETERMINATION

The court has reviewed and considered the Petition for Ability-to-Pay Determination and makes the following orders:

Request granted

- Your fine amount is reduced to \$_____. Pay this new amount by _____.
- You may pay what you owe in monthly payments. Please see the Revenue Recovery Division to set up a payment plan.
- You can have more time to pay what you owe. Pay \$_____ on _____.
- Other:

Request Denied

The Court is denying the request because:

- You have enough money to pay what you owe.
- This is your second request, but you did not show that your situation has changed since your first request.
- Other:

Need More Information

The Court has questions about how much money you get and spend.

- Please Contact your court to set up a time to see the Judge.
- Other:

Date: _____

X _____

Judicial Officer Signature

The clerk will fill out the section below

Clerk's Certificate of Mailing

I certify that I am not a party to this action.

I placed a filed copy of this order in a sealed envelope addressed to the above mailing address. The envelope was mailed by U.S. mail, with full postage, from

Place: _____, **California on (date):** _____

I personally provided a copy of this order to the defendant on this date.

Date: _____

Clerk by: _____