

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>THE PEOPLE OF THE STATE OF CALIFORNIA</p> <p>vs.</p> <p>Defendant: _____</p>	
<p>APPLICATION FOR REDUCTION OF TRAFFIC COURT FINES (ABILITY TO PAY DETERMINATION)</p>	<p>CASE NUMBER: _____</p>

THIS FORM SHALL BE KEPT CONFIDENTIAL IN THE COURT FILE.

Attach an extra sheet of paper if you need more space.

1. INCOME AND ASSETS

- a. My income is \$ _____ per month, before taxes or expenses. My income is from *(check all that apply and attach proof)*:
- General Assistance
 TANF
 SSI
 IHSS
 SSDI
 retirement
 Disability
 Wages
 Self-Employment
 Rental Income
 Scholarships/grants
 Other: _____
 I have no income. I receive Food stamps MediCal
- b. I own a home(s) by myself with someone else. The address(es) is (are) : _____
- c. The loan balance(s) is (are): \$ _____ The home(s) is (are) worth: \$ _____
- d. I own the following vehicle(s): (include make, model, year and how much is owed, if any): _____

2. EXPENSES *(check all that apply)*:

- housing \$ _____ /month health insurance premiums \$ _____ /month
- wage garnishment payment(s) /month for: _____
- credit card payments \$ _____ /month other payments I have to make each month: _____

3. Personal Information

- a. Date of birth: _____
- b. I work _____ hours per week
- c. I am a part time full time student at _____ *(name of school)*
 I pay for tuition and expenses with income scholarships/grants loans help from family
- d. I served in the U.S. military from _____ to _____ *(dates of service)*
- e. I was incarcerated from _____ to _____ *(dates)* at the following institution: _____

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f. I live with these people, and they help me with expenses:

<u>Name</u>	<u>Relationship to me</u>	<u>Their monthly income (pre-taxes)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

g. I have the following dependents (people who need you to support them):

<u>Name and age</u>	<u>Relationship to me</u>	
_____	_____	<input type="checkbox"/> Lives with me
_____	_____	<input type="checkbox"/> Lives with me
_____	_____	<input type="checkbox"/> Lives with me

4. CASE INFORMATION

- a. My California driver's license has been on hold since: _____
- b. I have already paid \$ _____ of the fees in this case. I can pay _____ more.
- c. I can make a monthly payment of \$ _____ on the _____ day of each month starting _____
- d. Attached is more information about my request for a reduction of the court-ordered traffic fines and/or civil assessment(s).

By signing below, I understand that I am saying this information is true and correct, under penalty of perjury under the laws of the State of California. I understand that the Court may not be able to make a decision if I turn in an incomplete application (for example, forgetting to attach proof of income).

Date: _____

Signed: _____

Print your name: _____

Someone helped me complete this form because I needed language or other assistance.