

SUPERIOR COURT OF CALIFORNIA COUNTY OF KINGS 1640 Kings County Drive Hanford, CA 93230	<i>FOR COURT USE ONLY</i>
Name: Address:  Telephone/cell phone number:	
<b>Ability to Pay in Traffic and Other Infraction Cases</b>	Case number(s)

**1. What type of income do you have?**

- I get public benefits (Check all that apply, then skip to #2.)
- Food stamps (CalFresh)       Medi-Cal       County Relief/General Assistance  
 Cal WORKS or Tribal TANF       Supplemental Security Income (SSI)       State Supplementary Payment (SSP)  
 In-Home Supportive Services (IHSS)       Cash Assistance Programs for Immigrants (CAPI)

I do **not** get public benefits, but I have other income.

**a.** How much money do you earn (take-home pay) or get from other sources (including income received in your family from a husband, wife, or live-in romantic partner)?

\$\_\_\_\_\_ every:       Year       Month       Twice a month  
 Week       2 weeks       Season

**b.** This money helps support me and (number of) \_\_\_\_\_ other people.

**c.** If I pay the ticket, I would: (Check all that apply, if any.)

Not have enough money to pay for basic living expenses. *Basic living expenses are things like: housing food, utilities, child care, child support, transportation, medication, insurance (medical, car, house and rental), and student loans.*

Not have enough money to pay my debt for other court cases.

Have other problems: \_\_\_\_\_

**2. Do you have anything that shows your public benefits or income or expenses?**

*Things like a EBT card, pay stubs, tax returns, rent or mortgage checks or utility bills.*

- Yes, I have attached *copies* to this form. (DO NOT give the court your original documents.)
- No, I do not have any papers to show because:

(Continued on reverse)

Name: \_\_\_\_\_

Case Number \_\_\_\_\_

**3. Have you told the court before that you can't pay this ticket fine?**  Yes  No

If no, skip to question #4. If yes, answer both questions:

**What did the court do?**

- Reduced the amount I owed.
- Let me pay in monthly payments.
- Let me do community service.
- Other: \_\_\_\_\_

**What has changed in your life or your family's life since then?**

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

**4. What are you asking the court to do?** (*Check all that you are willing and able to do*)

- Reduce the amount I owe.
- Let me make monthly payments.  Reduce payments to \$ \_\_\_\_\_ per month.
- Give me more time to pay.

**5. Other information (if any) that you want to share with the court about why you can't pay?**

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**6. Read all your answers and attachments again. Make sure everything is correct. Date and sign the statement below.**

**I promise that this is TRUE.**

I swear under penalty of perjury, under the laws of the State of California, that all information on or attached to this form is true.

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

**7. File this form with the Kings County Superior Court located at 1640 Kings County Drive., Hanford, CA 93230**

**8. NOTE:** Did you miss a court date? Did you fail to pay your ticket on time? If so, then court might be charging you extra money. Filling out this form **will not** take care of that extra charge. Contact your court to find out what you can do about that extra charge.