

# Request for Ability to Pay Determination

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your traffic court fines and fees, you may use this form to ask the court to consider your ability to pay. The court may order you to answer questions about your finances. If the court reduces your outstanding fines, you may still have to pay later if:

- You cannot give the court proof of your eligibility
- Your financial situation improves during the duration of your payment plan

*Fill in court name and street address:*

**Superior Court of California,  
County of Amador  
500 ARGONAUT LANE  
JACKSON, CA 95642**

**Case number(s):**

## ① Your Information *(person making request of court):*

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## ② Your job, if you have one (job title):

Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_

## ③ Why are you asking the court to consider your ability to pay?

- A.  I receive (check all that apply, see Judicial Council form FW-001-INFO for definitions):  
 Food Stamps  Supp. Sec. Inc.  General Asst.  IHSS  CalWORKS or TANF  CAPI
- B.  My gross monthly household income (before deductions from taxes) is not more than the amount listed below: ***(If checked, you must complete questions 6, 7, and 8 on page 2 of this form.)***

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$433.34 for each extra person
1	\$1,237.50	3	\$2,100.00	5	\$2,962.50	
2	\$1,668.75	4	\$2,531.25	6	\$3,393.75	

- C.  I do not have enough income to pay for my household's basic needs *and* the court fines.  
***(If checked, you must fill out page 2 of this form.)***

## ④ I ask the court to:

- Reduce the total amount of fines that I owe  Let me make payments over time  
 Allow me to perform community service in lieu of paying the fine

If you asked the court to let you make payments over time, what is the amount you could afford to pay each month? \_\_\_\_\_

## ⑤ Check here if you asked the court to consider your ability to pay on this matter in the last six months.

*(If you can access your previous request, please attach it to this form and check here.)*

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.**

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

\_\_\_\_\_  
Sign here

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

If you checked 3a on page 1, do not fill out below. If you checked 3b, fill out questions 6, 7, and 8 only. If you checked 3c, you must fill out this entire page. If you need more space, attach a sheet of paper and write Financial Information and your name and case number at the top.

6  Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

7 **Your Gross Monthly Income**

a. List the source and the 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 (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) \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$ \_\_\_\_\_

8 **Household Income**

a. 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 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 (7b plus 8b)** \$ \_\_\_\_\_

9 **Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (list bank name and amount):

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (4) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles:

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____
(4) _____	\$ _____	\$ _____

d. Real estate:

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

10 **Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Rent or house payment & maintenance \$ \_\_\_\_\_

c. Food and household supplies \$ \_\_\_\_\_

d. Utilities and telephone \$ \_\_\_\_\_

e. Clothing \$ \_\_\_\_\_

f. Laundry and cleaning \$ \_\_\_\_\_

g. Medical and dental expenses \$ \_\_\_\_\_

h. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_

i. School, child care \$ \_\_\_\_\_

j. Child, spousal support (another marriage) \$ \_\_\_\_\_

k. Transportation, gas, auto repair, insurance \$ \_\_\_\_\_

l. Installment payments (list each below):

Paid to:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages/earnings withheld by court order \$ \_\_\_\_\_

n. Any other monthly expenses (list each below):

Paid to: How Much?

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses (add 10a-10n above):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, etc., 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.

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days using Judicial Council form FW-010.**