

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR</b> 500 Argonaut Lane Jackson, CA 95642 209-257-2605  www.amadorcourt.org	FOR COURT USE ONLY
PLAINTIFF: People of the State of California  DEFENDANT:	
<b>ORDER ON ABILITY TO PAY DETERMINATION</b>	CASE NUMBER:

① **Person who asked the court for an ability to pay determination:**  
 Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

② **Lawyer, if person in ① has one** (name, address, phone number, e-mail, and State Bar number):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

③ A request for an ability to pay determination was filed on (date): \_\_\_\_\_  
 The court made a previous ability to pay determination in this case on (date): \_\_\_\_\_

**Read this form carefully. All checked boxes  are court orders**

**IT IS SO ORDERED:**

Fine of \$ \_\_\_\_\_ affirmed, due within 30 days of the date of mailing of this notice, or  
 Due by: \_\_\_\_\_  
 Monthly payments of \$ \_\_\_\_\_ to be paid to the court by the \_\_\_\_\_ of every month.  
 Defendant to appear in court on \_\_\_\_\_ at \_\_\_\_\_ .m. in Dept: \_\_\_\_\_.  
 Denied. The court has determined the defendant has the ability to pay. Payments may be arranged through  
 the Traffic Department.  
 Other: \_\_\_\_\_

Dated: \_\_\_\_\_  
\_\_\_\_\_  
JUDICIAL OFFICER OF THE SUPERIOR COURT

**CLERK'S CERTIFICATE OF SERVICE**

I certify that I am not involved in this case and (*check one*):                    A certificate of mailing is attached.  
 I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.  
  
 This order was mailed first class, postage paid, to the party and attorney, if any, at the address listed in ① and ②,  
 from Jackson, California on (date) \_\_\_\_\_.

Date: \_\_\_\_\_ Rob Klotz, Clerk of the Court, By \_\_\_\_\_, Deputy