

<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b></p> <p><input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045</p> <p><input type="checkbox"/> Harbor - 4601 Jamboree Rd., Newport Beach, CA 92660</p> <p><input type="checkbox"/> North - 1275 N. Berkeley Ave., Fullerton, CA 92838</p> <p><input type="checkbox"/> West - 8141 13th Street, Westminster, CA 92683</p>	<p><i>Court Use Only</i></p>
<p><b>CANNOT AFFORD TO PAY FINE: TRAFFIC OR OTHER INFRACTIONS (CONFIDENTIAL)</b></p>	<p>Citation/Case Number: _____</p> <p>OC Pay Number: _____</p>

**Using this form:**

- This form may be used after the court has decided that you owe the fine.
- If you can't afford to pay your fine, fill out this form to ask for a lower fine, a payment plan, more time to pay, and/or community service.
- Use this form for traffic fines or other infractions.
- You may use this form if your fine has been sent to collections.
- If you have more than one citation, use a separate form for each citation.
- Mail or take this form to the court listed on your ticket.

**Important!**

Do not use this form to tell the court that you didn't do anything wrong. See the instructions on your ticket and visit [www.occourts.org/directory/traffic/general-information/fees.html](http://www.occourts.org/directory/traffic/general-information/fees.html).

① **Your Information**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ OK to use this number for court reminders?  Yes  No

*Select 'Yes' if you authorize the court to send automated call reminders. Message & Data Rates may apply.*

Email (optional): \_\_\_\_\_ OK to send notices to this email?  Yes  No

*Select 'Yes' if you authorize the court to send electronic notices.*

② **What type of income do you have?**

I do not get money from any source. *(Skip to Step 4)*

I get public benefits. *(Check all that apply, then skip to Step 4)*

For example:

Food stamps (CalFresh)

State Supplementary Payment (SSP)

Medi-Cal

County Relief/General Assistance

CalWORKs or Tribal TANF

In-Home Supportive Services (IHSS)

Supplemental Security Income (SSI)

Cash Assistance Program for Immigrants (CAPI)

Other need-based aid *(specify)*: \_\_\_\_\_

**CONFIDENTIAL**

I do **not** get public benefits, but I get money from other sources. (Answer **all that apply**)

a. How much money do you earn (take-home pay) or get from other sources (including income received in your family from a spouse or domestic partner)?

\$ \_\_\_\_\_ every: (Check one)

- Year
- Week
- Other \_\_\_\_\_
- Every Other Week
- Month

b. This money supports me and \_\_\_\_\_ other people.

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

not have enough money to pay my rent/mortgage. I pay \$ \_\_\_\_\_ for rent/mortgage every: (Check one):  Month  Week  Other: \_\_\_\_\_

not have enough money to pay for other basic living expenses. *Basic living expenses are things like: food, utilities, childcare, 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. List other court cases:

have other problems. (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**③ Do you have anything that shows your public benefits, income or expenses?**

*Things like an EBT card, paystubs, tax returns, rent or mortgage checks, or utility bills.*

a.  Yes, I have attached **copies** of supporting documents.

**Important! Only send copies (be sure to cross out any confidential information), keep the original documents for your own records. Any copies you attach can be destroyed after the court makes a decision on your case.**

b.  No, I do not have any papers to show because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**④ Have you already told the court before that you can't pay this fine?**

Yes  No (Skip to Step 3)

What circumstances have changed? (Check **all that apply, if any**)


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

\_\_\_\_\_  
\_\_\_\_\_

⑤ What are you asking the court to do? (Check all that apply)

- Lower the amount I owe on the fine.
- Payment plan: I want to pay the total fine as: \$ \_\_\_\_\_ every month on the \_\_\_\_\_ day of the month, until this fine is paid off.
- More time to pay:  
Please change my deadline to (month/date/year): \_\_\_\_\_
- Community service instead of paying the fine. I understand that community service may not be available on weekends or evenings and other fees will apply.
- I declare that I have no physical limitations that may prevent my acceptance into the program.
- Cancel or lower my civil assessment that was previously imposed for failing to appear on time.





- Some fines can't be reduced just because you don't have the money to pay.
- You may ask for more time to pay, community service, and/or monthly payments even if the court can't reduce the fine.

⑥ Other information:

List other facts (if any) about why you can't pay the fine or about your choices in Step 5, (attach other documents that help you explain).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

⑦ Driver's license "hold" or suspension

Did you miss a court date or fail to pay a fine? If so, the Department of Motor (DMV) might have suspended or put a "hold" on your driver's license. If the court clears your failure to appear, the court can notify the DMV. You must still contact the DMV to get your license back.

⑧ Read and sign below



I promise that the information above is correct. I declare under penalty of perjury, under the laws of the State of California, that all information on or attached to this form is true. Perjury is a felony in California and is punishable by imprisonment in the county jail for two, three, or four years. (Penal Code section 126).

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

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Sign your name

**CONFIDENTIAL**  
**CANNOT AFFORD TO PAY FINE:**  
**TRAFFIC AND OTHER INFRACTIONS**