

INFORMATION AND INSTRUCTION SHEET
Application for Review of Civil Assessment
[PC §1214.1] and/or Delinquent Fine Payments

What is a Civil Assessment?

A Civil Assessment (currently \$300) is imposed against anyone who does not pay a court-ordered fine by the due date. (FTP)

The Civil Assessment is added to and is separate from any fine and fees connected with your case.

Can the Civil Assessment be Reviewed?

You may ask the Court to remove the Civil Assessment **one time only** if your failure to pay was due to one of the following reasons:

- Hospitalization
- Incarceration
- Military Duty
- Residential Treatment
- Death Certificate
- Not Person Cited
- Clerical Error
- Other Extraordinary Circumstances

Can My Delinquent Fine Payments be Reviewed:

You may ask the Court to review your delinquent fine payments **one time only**.

What Do I Do?

1. Fill out the "Application for Review of Civil Assessment and/or Delinquent Fine Payment". **Be sure to fully complete and sign a financial declaration.**
2. Provide a written explanation of the reason you did not pay and attach supporting documentation. **If you do not attach documentation, your application will not be processed and all documentation will be returned.**

Examples of supporting documentation include:

- records of admission and discharge from the hospital (the court does not need to know your medical condition);
- court orders to remand into custody/or records of release from custody;
- appropriate military orders for active service
- death certificate
- certificate of completion for residential treatment program
- other evidence of extraordinary circumstances

3. You can send your application and documentation to the appropriate location listed on page 2. You **must** include a self-addressed, stamped return envelope.

What happens after the Application is filed?

A Judicial Officer will review your Application and supporting documents within 10 days of receipt of the completed Application.

If the Application for Review of Civil Assessment is granted, the Civil Assessment will be removed; if the Application is denied, the Civil Assessment will remain on your case. Your case will then remain with GC Services for collection of the assessment and any remaining balance.

Concerning the Application for Review of Delinquent Fine Payments, you will be notified of the Court's decision within 10 days of receipt of the completed application and, if relief is granted, you will be given date(s) to comply. If you fail to comply with the due date(s), the delinquent fine will remain as previously ordered and the matter will remain with GC Services for collection.

You will be notified of the Court's decision by mail. It is important that you supply the Court with your correct address and telephone number to ensure you receive the Court's ruling on your Application. You **must** include a self-addressed, stamped return envelope. You should call the appropriate Clerk's Office if you do not receive the decision by mail within 20 days.

Court Locations

Superior Court of Nevada County
Nevada City Criminal Division
201 Church Street, Suite 7
Nevada City, CA 95959
(530) 265-1311

Superior Court of Nevada County
Truckee Branch
10075 Levon Avenue, Suite 301
Truckee, CA 96161
(530) 582-7834



Superior Court of the State of California, County of Nevada

CHECKLIST

Application for Review of Civil Assessment and/or Delinquent Fine Payments

If you **FAILED TO PAY** and are requesting the Civil Assessment be vacated or that your fine payments be reviewed, you must:

- Complete the Application for Review of Civil Assessment and/or Delinquent Fine Payments.
- Attach supporting documentation.
- Attach completed financial declaration.
- Provide a self-addressed, stamped envelope for the Clerk to mail you the Court's decision.

Application for Review of Civil Assessment and/or Delinquent Fine Payments - CHECKLIST

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF NEVADA

- 201 Church Street, Suite 7, Nevada City, CA 95959 (530) 265-1311
- 10075 Levon Avenue, Suite 301, Truckee, CA 96161 (530) 582-7835

PEOPLE OF THE STATE OF CALIFORNIA,

vs

APPLICATION FOR REVIEW OF CIVIL ASSESSMENT [Penal Code § 1214.1] AND/OR DELINQUENT FINE PAYMENTS

Defendant: _____ Case Number _____

1. REQUEST TO VACATE CIVIL ASSESSMENT/FAILURE TO PAY FINE

IMPORTANT: Written proof of any of the following that supports your explanation for failing to pay the fine ordered must be attached or your application will be returned.

- HOSPITALIZED
- RESIDENTIAL TREATMENT
- NOT PERSON CITED
- INCARCERATED
- DEATH CERTIFICATE
- CLERICAL ERROR
- MILITARY DUTY
- OTHER EVIDENCE OF EXTRAORDINARY CIRCUMSTANCES

The following is an explanation of my failure(s) to pay the fine ordered: (Please print and include mandatory supporting attachments.)

2. REQUEST FOR REVIEW OF DELINQUENT FINE PAYMENTS

I am requesting the following relief:

- New payment amount (\$ _____/mo.) New payment start date (__/__/__)
- Pay fine with community service @ \$10/hr. **NOTE:** Civil Assessment cannot be satisfied with community service.
- Pay in full without Civil Assessment on __/__/__.
- Convert fine to jail time (misdemeanors and felonies only). **NOTE:** Civil Assessment cannot be converted to jail time.
- Release hold on license Other: _____

Please state why you are making this request and list the facts in support of your request below:

Attached number of pages: _____

I declare under penalty of perjury under the laws of the State of California that all of the foregoing information, and all attachments, are true and correct to the best of my knowledge.

Executed at _____ on _____
City and State Date

Address _____

Telephone # _____ Signature: _____

Note: It is mandatory to list all contact information requested.

APPLICATION FOR REVIEW OF CIVIL ASSESSMENT [Penal Code § 1214.1] AND/OR DELINQUENT FINE PAYMENTS

DECLARATION AND APPLICATION OF FINANCIAL INABILITY TO EMPLOY COUNSEL

COURT:	DATE:
DEFENDANT'S NAME:	EMPLOYER:
Address:	Employer Address:
Phone No.	Spouse's Name:
Birthdate:	

I, _____, am a defendant in the above entitled action. I am not represented by counsel in this proceeding. My assets, monthly income, property, monthly expenses and debts are reported below:

MONTHLY INCOME	AMOUNT	ASSETS	AMOUNT
a. My monthly take home pay:		a. Cash:	
b. My Spouse's monthly take home pay:		b. Checking, savings, credit union:	
c. Other money I receive each month:		c. Stocks and Bonds	
TOTAL MONTHLY INCOME:		TOTAL VALUE OF ASSETS:	

PROPERTY	TYPE/ADDRESS	EQUITY/VALUE	BALANCE OWED
Home:			
Automobiles:			
Other land/buildings:			
Motoreycles:			
Other Vehicles:			
Jewelry:			
Other:			

MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT
Rent or Mortgage payment:		School, child care:	
Food and Household Supplies:		Child, spousal support:	
Utilities and Telephone		Transportation/Auto expenses:	
Medical and Dental payments:		Installment payments (*Itemized below)	
TOTAL		TOTAL	

*INSTALLMENT PAYMENTS/CREDITOR NAME	MONTHLY PAYMENT	BALANCE OWED
*TOTAL PAYMENTS		

The following persons other than myself depend, in whole or in part, on me or my spouse for support:

NAME	ADDRESS	RELATIONSHIP	AGE

I hereby authorize the Public Defender to disclose any of the information on this application and declaration to such qualified authorities as he may deem necessary in reaching proper decisions on my right to be defended by the Public Defender.

I understand that the Court, after hearing pursuant to Penal Code Section 987.8, will make a determination of my present ability to pay all or part of the costs of the attorney services provided; that the Court may order me to pay such costs; that such order shall have the same force and effect as a judgment in a civil action and shall be subject to enforcement against my property in the same manner as any other money judgment, and the Court may look at this financial affidavit when deciding whether or not I shall pay.

I realize that if the services of the Public Defender are obtained through the use of false, untrue or incorrect statements concerning my financial condition, criminal prosecution for theft or perjury may result.

I DECLARE UNDER PENALTY OF PERJURY that I have read this affidavit or this affidavit has been read to me and that the statements contained therein are true and correct.

Executed this ____ day of _____, _____
in the County of Nevada, Nevada City, California

DEFENDANT
Witnessed by: _____

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF NEVADA

- 201 Church Street, Suite 7, Nevada City, CA 95959 (530) 265-1311
- 10075 Levon Avenue, Suite 301, Truckee, CA 96161 (530) 582-7835

PEOPLE OF THE STATE OF CALIFORNIA,

vs

**ORDER ON APPLICATION FOR
REVIEW OF CIVIL ASSESSMENT [Penal
Code § 1214.1] AND/OR
DELINQUENT FINE PAYMENTS**

Defendant: _____

Case Number _____

THE COURT having read and considered the Application regarding review of Civil Assessment pursuant to Penal Code § 1214.1 and/or Review of Delinquent Fine Payment(s), hereby makes the following order:

Defendant's Application for Review of Civil Assessment is GRANTED; Civil Assessment is vacated and DMV DL hold is released provided that the fine of \$ _____ is paid in full on or before _____.

Defendant's Application for Review of Civil Assessment is DENIED.

Defendant's Application for Review of Delinquent Fine Payment(s) is DENIED; Delinquent fine(s) to remain with GC Services.

Defendant's Application for Review of Delinquent Fine Payment(s) is GRANTED as follows: _____

Other orders: _____

Date _____

Signature _____

- Judicial Officer
- Commissioner

For questions regarding fine balance, please contact the appropriate court location listed above.

ORDER ON APPLICATION FOR REVIEW OF CIVIL ASSESSMENT [Penal Code § 1214.1] AND/OR DELINQUENT FINE PAYMENTS