



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN FRANCISCO  
TRAFFIC DIVISION  
850 BRYANT STREET, ROOM 101  
SAN FRANCISCO, CA 94103**

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

CitationNo: \_\_\_\_\_

Street: \_\_\_\_\_

Fine Amount: \$ \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Amount Paid to Date:\$ \_\_\_\_\_

**PETITION FOR ABILITY-TO-PAY DETERMINATION<sup>1</sup>**

**You have the right to request an ability to pay determination if you were ordered to pay a fine. If an ability to pay determination has already occurred, a later ability to pay determination can be requested only based on a change in circumstances.**

**Check one:**     This is my first petition.                       I have submitted a petition before. (Please explain below.)

**Change in circumstances:** \_\_\_\_\_

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

Additional Sheets attached to this document

**INSTRUCTIONS:**

- **The court will respond to you in writing. Please allow up to four weeks for a response.**
- **If the court requires more information from you to make its decision, you will be notified in writing of the information needed or if necessary, a hearing date where you will be required to appear in court.**
- **Provide any documentation to support your request, such as:**
  - **Proof of receiving any supportive services, such as food stamps, IHSS, general assistance, etc.**
  - **Any recent statements for fixed monthly payments (car, rent, utilities, credit card/loans, etc.)**
  - **Pay stubs, disability/retirement income, or any other source of income.**
  - **Bank statements, W-2's, bankruptcy information, and/or income tax returns.**

**IMPORTANT: Once the judicial officer has made a ruling, the court will destroy any supportive documents submitted with this petition. DO NOT SUBMIT ORIGINAL DOCUMENTS.**

**Why are you unable to pay the court-ordered fines and fees?**

1.  I receive (check all that apply):     Food Stamps     Supp. Sec. Income     SSP     Medi-Cal  
 County Relief/General Assistance     IHSS     CalWORKS or Tribal TANF     CAPI

*\*\*If you checked this box, attach documents that support your request but do not fill out the next section. Sign and date the form on Page 2.\*\**

<sup>1</sup> Vehicle Code section 42003(c) requires the defendant to prove the lack of ability to pay. Vehicle code section 42003(d) defines the term "ability to pay" as the overall capability of the defendant to pay fines, fees and costs.

2.  My gross monthly household income (before deductions for taxes) is less than the amount below.  
 (PROOF OF INCOME MUST BE ATTACHED.) *\*\*If you checked this box, you do not need to answer question 6\*\**

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$435.42 for each extra person.
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	

**3. MEMBERS OF HOUSEHOLD:**

Your Marital Status:  Single  Married  Registered Domestic Partnership

Please list all other persons living in your home who depend in whole or in part on you for support:

NAME	AGE	RELATIONSHIP

**4. CURRENT GROSS INCOME (before deductions for taxes): \*Proof of Income Must be Attached\***

	You	Spouse/Partner	Total	Average Number of Hours Worked/Week
<b>Name of Employer</b>				
<b>Annual Salary or Earnings (including 1099 earnings for contractors)</b>	\$	\$	\$	
<b>Pension</b>	\$	\$	\$	
<b>Child/Spousal Support</b>	\$	\$	\$	
<b>Other</b>	\$	\$	\$	

**5. OTHER MONEY AND PROPERTY ( Please list cash, any money in bank or savings account, houses or other real estate, stocks, bonds, cars, boats, jewelry, other valuables).**

	AMOUNT/FAIR MARKET VALUE	TYPE OF PROPERTY OR BANK ACCOUNT
1.	\$	
2.	\$	
3.	\$	
4.	\$	

**6. MONTHLY EXPENSES**

<b>Rent/Mortgage</b>	\$	<b>Clothes</b>	\$
<b>Phone</b>	\$	<b>Insurance</b>	\$
<b>Utilities</b>	\$	<b>Child/Spousal Support</b>	\$
<b>Food</b>	\$	<b>Car Payment</b>	\$

**What are you requesting?**

More time to pay  Payment Plan with AllianceOne  Community Service  Other \_\_\_\_\_

I declare under penalty of perjury under the Laws of State of California that all of the information contained in this Petition, is true and correct. Furthermore, I acknowledge that if my request for Community Service or an extension of time to pay beyond 90 days is granted, I will no longer receive a Traffic School benefit for this case – if applicable. If my case is in collections, I acknowledge that collection efforts may continue until proof of completion of community service has been submitted to the court.

DATE

DEFENDANT'S SIGNATURE

TELEPHONE