Cost: No Fee

I CAN'T AFFORD TO PAY MY TICKET FINE PACKET

Clerk stamps date here when form is filed

Superior Court of California
County of Trinity
11 Court Street
Weaverville, CA 96093

Case Number:

Case Name:

Read this first - then fill out the form

When do I use this form?

: To tell the judge that you don't have enough money to pay your ticket fine.
: To ask for the ticket fine to be reduced to a smaller amount. You can also ask for monthly payments, more time to pay, or to do community service instead of paying the fine.
: If you have more than one ticket fine, fill out one form for each.

What are traffic tickets?

: You can get a traffic ticket for things like speeding or running a red light.
: Traffic tickets are **not** parking tickets. Parking tickets are different. Read your parking ticket to find out what you can do.

What are infractions?

: Infractions are tickets you get for things like littering, drinking alcohol in public, or fishing without a license.
: There are *many* different types of infraction.

What if I want to fight the ticket and tell the judge that I didn't do anything wrong?

: Do not use this form. Visit www.courts.ca.gov/selfhelp for more information on fighting tickets.

Please print clearly or type.

1. How can the court reach you? (*Answer all that apply.*)

Name: _____
Mailing Address (where I get mail): _____
Phone Number (where I receive calls):_____ Is this a cell phone?_____
E-mail address (if I have one):_____

☐ It would okay if the court also sends me texts about my case at this phone number.
☐ It would be okay if the court also sends me e-mails about my case at this e-mail address.

2. What type of income do you have?

☐ **I get public benefits.** (*Check all that apply, then skip to section 3)*

☐ 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 Programs for Immigrants (CAPI)

☐ **I do not get public benefits, but I have other income.**

a. How much money do you earn (take-home pay) or get from other sources (including income received in your family from your husband, wife, or live in romantic partner)?

$_____ every ☐ Year ☐ 2 weeks ☐ Twice a month ☐ Week ☐ Month ☐ Season

☐ Other: _____

b. This money helps support me and ____ other people.

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

☐ Not have enough money to pay for basic living expenses.
(*Basic living expenses are things lie: housing, food, utilities, chidcare, 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.

☐ Have other problems: _____

_____

_____

_____

3. Do you have anything that shows your public benefits or income or expense?

Things like an EBT card, pay stubs, tax returns, rent or mortgage checks, or utility bills.

☐ Yes, I have attached copies to this form. (*Do not give the court your original documents)*

☐ No, I do not have any papers to show because: _____

_____

_____

_____

4. Have you told the court before that you can't pay this ticket fine? ☐ Yes ☐ No

What did the court do? (Check all that apply.)

- ☐ Reduced the amount I owe.
- ☐ Let me pay in monthly payments.
- ☐ Let me do community service.
- ☐ Other:_____

What has changed in your life or your family's life since then? *(Check all that apply)*

- ☐ 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 you are willing and able to do)*

- ☐ Reduce the amount I owe.
- ☐ Let me make monthly payments.
- ☐ Give me more time to pay.
- ☐ Let me do community service instead of paying the fine.

6. Other information (if any) that you want to share with the court about why you can't pay:

_____

_____

7. Read all of your answers and attachments again. Make sure everything is correct. Date and sign the statement below.

I promise that this information is TRUE.
I swear under penalty of perjury, under the laws of the State of California, that all information on or attached to this form is true.

Date:_____ **Print Name:**_____

Signature:_____

8. **File this form with the court listed on your ticket.**
If you lost your ticket, file this form with the court in the county where you got your ticket *(www.courts.ca.gov/find-my-court.htm)*

9. **NOTE:** *Did you miss a court date? Did you fail to pay your ticket on time? If so, the court might be charging you extra money. Filling out this form* ***will not*** *take care of that extra charge. Contact your court to find out what you can do about that extra charge.*

LOCAL FORM TCT-002 **Can't Afford to Pay Ticket Fine: Traffic and Other Infractions (JUDGE'S ORDER)**

Clerk stamps date here when form is filed

Superior Court of California
County of Trinity
11 Court Street

Case Number:

Case Name:

Judge's Order:

You said that you don't have enough money to pay what you owe. ***The judge decided:***

☐ **NEED MORE INFORMATION:**

The judge has questions about how much you get and spend. You will need to appear in court at the date and time noted below.

DATE: _____ TIME:_____

LOCATION:

☐ 11 Court Street, Department 2, Weaverville, CA 96093

☐ Hayfork Substation, Tule Creek Rd & Hwy 3, Hayfork

****

☐ **REQUEST IS GRANTED:** It looks like you don't have enough money to pay what you owe.

☐ The amount you owe for your ticket is lowered to $_____.

☐ You also still owe an additional $_____ because you missed a court date or payment.

☐ Pay this new amount $_____ by _____.

****

☐ You will pay what you owe in monthly payments.
Pay $_____ on the _____ day of every month commencing _____.

****

☐ You can have more time to pay what you owe. Pay $_____no later than_____.

****

☐ You will do community service instead of paying what you owe. You must complete _____ hours of community service by_____. To commence your community service work, you must pay a $30.00 administration fee and a $25.00 insurance fee no later than _____. Report to the Delinquent Collections Department located at the Probation Department to pay the fee and schedule the community service work. Their phone number is 530-623-1204 and they are located at 333 Tom Bell Road, Weaverville, CA 96093.

****

☐ **REQUEST IS DENIED:** Pay the full cost of what you owe ($_____) by_____.

The judge is denying your request because:

☐ It looks like you have enough money to pay what you owe.

☐ This is your second request, but you did not show that your situation has changed since your first request.

DATE:_____

_____
Signature of Judge (or Judicial Officer)

Clerk's Certificate of Mailing

I certify that I am not a party to this action. I placed a filed copy of this order in a sealed envelope addressed to the below noted mailing address. The envelope was mailed by U.S. mail, with full postage, from Weaverville, CA on _____.

Name:_____
Street Address: _____, Apt #_____
City_____, State_____ Zip_____

Date:_____ _____
Judicial Clerk