

# TR-018 Request for Ability to Pay Determination

(For use in Traffic Infraction and other Infraction cases only)

If you can't afford to pay your fine you may use this form to ask the Court to determine your ability to pay. The Ability To Pay determination is for infractions only (not for misdemeanors, felonies, or Parking tickets).

**You must submit an Ability To Pay Document Checklist with this form. You must complete Page 2 of this Request only if you choose option 2 (c).**

<b>CONFIDENTIAL</b>
<i>Clerk stamps date here when form is filed</i>
<b>For Court Staff Use Only</b>
Case Number / Numbers of eligible case(s):

1. **Your Personal Information:**

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

Street or mailing address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. **Please choose box a, b, or c below based on your circumstances. Please mark only one box.**

a.  I receive Public Benefits (check all that apply):

- Medi-Cal       SSP (State Supplemental Payment)       SSI (Supplemental Security Income)
- CalFresh (Food Stamps)       GR /GA (General Relief /General Assistance)
- IHSS (In-Home Supportive Services)       CAPI (Cash Assistance Program for Immigrants)
- CalWORKs or Tribal TANF (Tribal Temporary Assistance for Needy Families)

b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$435.50 for each extra person
1	\$1,264.59	3	\$2,164.59	5	\$3,064.59	
2	\$1,714.59	4	\$2,614.59	6	\$3,514.59	

c.  I do not have enough income to pay for my household's **basic** needs and the Court fines in the cases(s) listed above.

**Your monthly disposable income must not exceed \$250.00 to qualify under this option.**

**It is your responsibility to provide documentation to support this requirement.**

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

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

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*

If you selected Option 2(c) on the prior page, please fill out this entire page. If you need more space, attach a sheet of paper and write Financial Information and your name at the top.

3.  Check here if your income changes significantly from month to month.  
 Fill out below based on your average income for the past 12 months.

**4. Your Monthly Income**

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

- a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
 List each payroll deduction and amount below:

- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (4) \_\_\_\_\_ \$ \_\_\_\_\_  
 (5) \_\_\_\_\_ \$ \_\_\_\_\_

b. Total deductions (add 4a (1)-(5) above): \$ \_\_\_\_\_

c. Total monthly take-home pay (4a minus 4b): \$ \_\_\_\_\_

- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

e. Your total monthly income is (4c plus 4d): \$ \_\_\_\_\_

**5. Household Income**

- a. List all other persons living in your home and their income; include all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and**

**Household income (4e plus 5b):** \$ \_\_\_\_\_

**6. Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount):

- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

**7. Your Monthly Expenses**

(Do not include payroll deductions you already listed in 4b)

a. Rent or house payment & maintenance \$ \_\_\_\_\_

b. Food and household supplies \$ \_\_\_\_\_

c. Utilities and telephone \$ \_\_\_\_\_

d. Clothing \$ \_\_\_\_\_

e. Laundry and cleaning \$ \_\_\_\_\_

f. Medical and dental expenses outstanding \$ \_\_\_\_\_

g. Insurance (health, auto, home, renters) \$ \_\_\_\_\_

h. Child care \$ \_\_\_\_\_

i. Child, spousal support (another marriage) \$ \_\_\_\_\_

j. Transportation \$ \_\_\_\_\_

k. Student loans (not deferred)

Outstanding Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

(1) \$ \_\_\_\_\_ \$ \_\_\_\_\_

(2) \$ \_\_\_\_\_ \$ \_\_\_\_\_

l. Any other monthly expenses that inhibit your ability to pay:

Paid to: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

(4) \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly expenses (add 7a – 7l above):** \$ \_\_\_\_\_