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).

	Personal Information:									
Name:							For Court Staff Use Only			
Stree	t or ma	ailing address: _		Case Number / Numbers						
City:				State:	_ Zip:		eligible case(s):			
Phon	e num	ber:								
Drive	r's lice	nse #:		Date of Bir	th:					
Pleas	se choo	se box a, b, or	c below base	d on your circu	mstances. P	lease mark or	nly one box.			
a. 🗆	l Tred	ceive Public Ber	nefits <i>(check d</i>	all that apply):						
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	\square N	1edi-Cal □	ໄSSP (State Sເ	upplemental Pay	yment)	☐SSI (Suppler	mental Security Income)			
		CalFresh (Food Stamps) CR (CA (Coneral Policy (Coneral Assistance)								
	ЦС	☐ CalFresh (Food Stamps) ☐ GR /GA (General Relief /GeneralAssistance)								
	☐IHSS (In-Home Supportive Services) ☐CAPI (Cash Assis									
	ШI	HSS (In-Home Si	upportive Ser	vices)]CAPI (Cash A	Assistance Prog	ram for Immigrants)			
					•					
				vices) \Box ibal Temporary	•					
b.		CalWORKs or Tr	ibal TANF (Tr	ibal Temporary	Assistance fo	or Needy Famili	es)			
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CONFIDENTIAL

Clerk stamps date here when form is filed

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re (2 (3	SAQI, veteraris payments, dividends, interest	t, trust income,		(1)	\$	_ \$			
(2 (3	nnuities, net business or rental income, reim	bursement for job-		(2)	\$\$	_ \$			
(2 (3	elated expenses, gambling or lottery winning	s, etc.							
(2 (3	(1) \$			7. Your Monthly Expenses					
	2)	\$			eductions you already li				
	3)	\$			ment & maintenance				
e. Y				Food and househo		\$			
	our total monthly income is (4c plus 4d)):\$		Utilities and teleph	none	\$			
			Clothing		\$				
5. Hous	sehold Income		e.	Laundry and cleani	_	\$			
	ist all other persons living in your home and t		f.		l expenses outstandi	_			
	nclude only your spouse and all individuals w	•	g.		auto, home, renters)	•			
	n part on you for support, or on whom you de	h.			\$				
p.	art for support.	Gross Monthly	i.		oort (another marriag	;e)\$			
	Name Age Relationship		j.	Transportation	1.6	\$			
(:	1)		k.	Student loans (not		NA			
	2)			Outstanding Bala	ince:	Monthly payment:			
	3)			(1) \$		_ \$			
(4	4)	\$		(2) \$		_ \$			
	otal monthly income of persons above:		I.	Any other monthly ex	xpenses that inhibit you	ir ability to pay: Monthly paymen			
v. I	otal monthly income of persons above.	Υ							
Γotal m	onthly income and								
	lousehold income (4e plus 5b):	\$							
				(4)		_ ·			