

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
<b>THE PEOPLE OF THE STATE OF CALIFORNIA</b> vs. DEFENDANT:	CASE NUMBER:
<b>APPLICATION FOR REDUCTION OF TRAFFIC COURT FINES          (ABILITY-TO-PAY DETERMINATION) <input type="checkbox"/> AND VACATE CIVIL          ASSESSMENTS</b>	

THIS FORM SHALL BE KEPT CONFIDENTIAL IN THE COURT FILE.

Attach an extra sheet of paper if you need more space.

1. INCOME AND ASSETS

- a. My income is \$ \_\_\_\_\_ per month, before taxes or expenses. My income is from *(check all that apply and attach proof)*:
  - General Assistance     TANF     SSI     IHSS     SSDI     Retirement
  - Disability     Wages     Self-Employment     Rental Income
  - Scholarships/grants     Other: \_\_\_\_\_
  - I have no income.                      I receive  Food stamps                       MediCal
- b.  I own a home(s)  by myself  with someone else. The address(es) is (are) : \_\_\_\_\_
- c. The loan balance(s) is (are): \$ \_\_\_\_\_ The home(s) is (are) worth: \$ \_\_\_\_\_
- d. I own the following vehicle(s): (include make, model, year and how much is owed, if any): \_\_\_\_\_

2. EXPENSES (check all that apply):

- housing \$ \_\_\_\_\_/month                       health insurance premiums \$ \_\_\_\_\_/month
- wage garnishment payment(s) /month for: \_\_\_\_\_
- credit card payments \$ \_\_\_\_\_/month                       other payments I have to make each month: \_\_\_\_\_

3. Personal Information

- a. Date of birth: \_\_\_\_\_
- b.  I work \_\_\_\_\_ hours per week
- c.  I am a  part-time  full-time student at \_\_\_\_\_ (name of school)  
 I pay for  tuition and  expenses with  income  scholarships/grants  loans  help from family
- d.  I served in the U.S. military from \_\_\_\_\_ to \_\_\_\_\_ (dates of service)
- e.  I was incarcerated from \_\_\_\_\_ to \_\_\_\_\_ (dates) at the following  
 institution: \_\_\_\_\_

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f. I live with these people, and they help me with expenses:

<u>Name</u>	<u>Relationship to me</u>	<u>Their monthly income (pre-taxes)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

g. I have the following dependents (people who need you to support them):

<u>Name and age</u>	<u>Relationship to me</u>	
_____	_____	<input type="checkbox"/> Lives with me
_____	_____	<input type="checkbox"/> Lives with me
_____	_____	<input type="checkbox"/> Lives with me

**4. CASE INFORMATION**

- a.  My California driver’s license has been on hold since: \_\_\_\_\_
- b.  I have already paid \$ \_\_\_\_\_ of the fees in this case. I can pay  \_\_\_\_\_ more.
- c.  I can make a monthly payment of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month starting \_\_\_\_\_
- d.  Attached is more information about my request for a reduction of the court-ordered traffic fines and/or civil assessment(s).

5.  **CIVIL ASSESSMENT:** I was charged a “Failure to Appear” or “Failure to Pay” civil assessment. As part of this Application for fine reduction, I also request that the court vacate the civil assessment(s). Included in this Application is the additional form. TN-0011, entitled “CIVIL ASSESSMENT PETITION AND ORDER.” (Download at [http://scscourt.org/forms\\_and\\_filing/forms/TN-0011.pdf](http://scscourt.org/forms_and_filing/forms/TN-0011.pdf))

By signing below, I understand that I am saying this information is true and correct, under penalty of perjury under the laws of the State of California. I understand that the court may not be able to make a decision if I turn in an incomplete application (for example, forgetting to attach proof of income).

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

Signed: \_\_\_\_\_

Print your name: \_\_\_\_\_

Someone helped me complete this form because I needed language or other assistance.