

PETITION FOR ABILITY-TO-PAY DETERMINATION

Instruction and Information Sheet

INSTRUCTIONS: Complete this form (RI-TR018) if you have a traffic or other infraction ticket and want to ask the court to address your ability to pay the fine. You must attach supporting documentation to this form. You can ask the court for monthly payments, more time to pay, a reduction in the amount owed, or to allow you to complete community service instead of paying the fine. If you have more than one ticket, you must fill out one form for each. If you want to fight the ticket **do not** use this form, visit our website at www.riverside.courts.ca.gov.

DO NOT use this form to address a civil assessment that has been added to your case. To address a civil assessment, you must file the Request to Address Civil Assessment, which is available on our Local Forms page at www.riverside.courts.ca.gov.

If the court has previously made an ability-to-pay determination on your case, you may only file a subsequent ability to pay determination if there has been a change in your financial circumstances.

See Step 1 below for filing instructions.

Steps to processing your Petition for an Ability-to-Pay Determination

Step 1: Complete the Petition for an Ability-to-Pay Determination (form RI-TR018) form, (pages 1 and 2).

- Insert your name, address, phone number, and case number.
- Complete the financial information.

Step 2: You may file this form along with the supporting documents to any one of the locations below. The court will notify you of the outcome of your petition by mail.

Step 3: Submit the completed form and the required attachments to the clerk.

Banning 311 E. Ramsey, Banning, CA 92220

Blythe 265 N. Broadway, Blythe, CA 92225

Corona 505 S. Buena Vista Ave., Room 201, Corona, CA 92882

Hemet 880 N. State Street, Hemet, CA 92543

Indio 46-200 Oasis St., Indio, CA 92201

Murrieta 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563

Moreno Valley 13800 Heacock St., Bldg. D #201, Moreno Valley, CA 92553

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

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|---|---|
| <input type="checkbox"/> BANNING 311 E. Ramsey St., Banning, CA 92220 | <input type="checkbox"/> INDIO 46-200 Oasis St., Indio, CA 92201 |
| <input type="checkbox"/> BLYTHE 265 N. Broadway, Blythe, CA 92225 | <input type="checkbox"/> MORENO VALLEY 13800 Heacock St., Ste. D201, Moreno Valley, CA 92553 |
| <input type="checkbox"/> CORONA 505 S. Buena Vista Ave., Rm. 201, Corona, CA 92882 | <input type="checkbox"/> MURRIETA 30755-D Auld Rd., Suite 1226, Murrieta, CA 92563 |
| <input type="checkbox"/> HEMET 880 N. State St., Hemet, CA 92543 | |

RI-TR018

<p>YOUR INFORMATION:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ <input type="checkbox"/> New Address</p> <p>Telephone: _____ Date of Birth: _____</p>	<p>CONFIDENTIAL FOR COURT USE ONLY</p>
<p>CITATION NUMBER: _____</p>	
<p>CASE NUMBER: _____</p>	
<p>PETITION FOR ABILITY-TO-PAY DETERMINATION</p>	

INSTRUCTIONS: Complete this form (RI-TR018) if you have a traffic or other infraction ticket and want to ask the court to address your ability to pay the fine. You must attach supporting documentation to this form.

1. I am asking the court to *(Check all that apply)*:
 - Set me up on a payment plan Reduce my monthly payments Give me more time to pay
 - Let me do community service instead of paying my fine Reduce the amount I owe

2. I previously submitted a Petition For Ability-to-Pay Determination; however, there has been a change in my financial circumstances. *(Check all that apply)* I lost my job or my work hours were reduced
 - I am now receiving public benefits I suffered from a serious injury or disability
 - Other: _____

3. I am requesting the court consider my ability to pay based on the following. I receive *(Check all that apply. You must attach proof to this form that you are receiving these services)*:
 - a. Medi-Cal Food Stamps SSP County Relief/General Assistance
 IHHS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind, and Disabled).
 - 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 \$450.00 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 or available credit to pay for my household's basic needs. *(You may be required to provide proof of income and expenses). (Explain):*

DEFENDANT:	CASE NUMBER:
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FINANCIAL AFFIDAVIT

INSTRUCTIONS: Complete this information to assist the court in making a determination of your ability to pay. If you need assistance with completing this information, please call 1-877-955-3463 for assistance over the telephone.

PERSONAL INFORMATION			
Phone no:	Alternate phone no:	Date of birth:	
Social Security no:	I.D. or driver's license no:	Email address:	
Name of Relative:	Relative's phone no:		
FAMILY			
Spouse/Partner's name:		Number of dependents living with you	
EMPLOYMENT			
Employer:			
Address:		City:	
State:	Zip:	Phone no:	
Type of job:			
INCOME AND EXPENSES			
Net monthly income: \$	Other income source:	Other income amount: \$	
Monthly basic expenses:			
Rent/mortgage payment	\$	Utilities (gas, electric, water, phone)	\$
Food	\$	Public Transportation	\$
Car payment	\$	Gas and car insurance	\$
Child care/support	\$	Court ordered program fees	\$
Other necessary monthly expenses	\$		
Total Monthly Expenses	\$		

I certify under penalty of perjury under the laws of the State of California that the information given by me in the affidavit is true and correct; it reflects my financial situation, and that I have no other income whatsoever. Further, the court has my expressed permission, as needed, to: 1) verify the information furnished through credit bureaus and other tools, including references, and 2) make automated phone calls to the telephone number(s) provided, even if the telephone number is a cellular telephone.

Dated: _____

Printed Name: _____

Signature: _____