

Request to Waive Administrative Costs Walkthrough

Sacramento Superior Court

Civil Self-Help Services

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CR-332, Confidential Financial Declaration



Request to Waive Penal Code section 1203.4 Administrative Costs - CONFIDENTIAL FINANCIAL DECLARATION

(FOR COURT USE ONLY)

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court costs, you may use this form to ask the court to waive your court costs. You must completely fill in all of the requested information.

Case number of charges you want dismissed

Your Name, Address, and Telephone Number

YOUR NAME:	<input type="text"/>	Case Number:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE NUMBER:	<input type="text"/>		

Your job title (if you have one). If not, write, "unemployed."

YOUR JOB, if you have one (<i>job title</i>):	<input type="text"/>
NAME OF EMPLOYER:	<input type="text"/>
EMPLOYER'S ADDRESS:	<input type="text"/>

The name of your employer (the business that employs you) and their address.

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Check a. if you receive any of the listed types of government assistance.

If you checked a., you are done!

Don't forget to date, print your name, and sign this form!

Check b. If your household income (before taxes) is less than the amounts listed, then fill out section 2 on the next page.

1. WHY ARE YOU ASKING THE COURT TO WAIVE YOUR COURT COSTS?

a. I receive (check all that apply; see form FW-001-INFO for definitions):

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Supp Sec. Inc.	<input type="checkbox"/> SSP	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> County Relief/Gen. Assist.	<input type="checkbox"/> IHSS	<input type="checkbox"/> CalWORKS or Tribal TANF	<input type="checkbox"/> CAPI

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below and I do not have enough income to pay for my household's basic needs and court costs. (If this item is checked you must fill out section 2 of this form.)

FAMILY SIZE	FAMILY INCOME	FAMILY SIZE	FAMILY INCOME	FAMILY SIZE	FAMILY INCOME	<i>If more than 6 people at home, add \$460.42 for each extra person.</i>
1	\$1,301.05	3	\$2,221.88	5	\$3,142.71	
2	\$1,761.46	4	\$2,682.30	6	\$3,603.13	

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: _____ SIGNATURE: _____

Type or Print Your Name Here _____

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Your Name: _____ Case Number: _____

Fill in your name and case number at the top of each page.

If you need more room, use form [MC-025](#) and write "Financial Information" at the top

2. INCOME, EXPENSE & HOUSEHOLD INFORMATION

a. YOUR GROSS MONTHLY INCOME
List the source and amount of any income you get each month, including: wages or other income from work before deductions, 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.	_____	_____

Your total monthly income: \$ 0.00

List all sources of your income, eg. wages, child support, retirement.

List the names of the other members of your household, and any income they contribute.

b. HOUSEHOLD INCOME
List the income of all other persons living in your home 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.	_____	_____	_____	_____

Your monthly income of persons above: \$ 0.00

Total monthly income and household income (section a. plus section b.) \$ 0.00

If you fill this in on a computer, it will automatically do the math.

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Your Name: Case Number:

Fill in your name and case number at the top of each page.

If you need more room, use form [MC-025](#) and write "Financial Information" at the top

c. YOUR MONEY AND PROPERTY

1. CASH

2. ALL FINANCIAL ACCOUNTS

BANK NAME	AMOUNT
a. <input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>
c. <input type="text"/>	<input type="text"/>

3. CARS, BOATS & OTHER VEHICLES

YEAR	MAKE	FAIR MARKET VALUE	HOW MUCH YOU STILL OWE
a. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. REAL ESTATE

ADDRESS	FAIR MARKET VALUE	HOW MUCH YOU STILL OWE
a. <input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>


Fill in this section with the cash or other personal property you own.

If you fill this in on a computer, it will automatically do the math.

Top of next page.

5. OTHER PERSONAL PROPERTY

DESCRIBE	FAIR MARKET VALUE	HOW MUCH DO YOU STILL OWE
JEWELRY, FURNITURE, FURS, STOCKS, BONDS, ETC.	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



If your request to waive administrative costs was denied, you have 10 days from the date of notice (*generally the postmarked date on the letter*), to request a hearing to give the judge more information about your financial situation in hopes they will reconsider the denial.

If you fail to appear at this hearing, the denial will stand, and the fees will be referred to Sacramento County Department of Revenue Recovery for collection.

CR-360, Request for Hearing on Penal Code Section 1203.4 Administrative Costs Waiver & Order



Request for Hearing on Penal Code section 1203.4 Administrative Costs Waiver & Order

(FOR COURT USE ONLY)

PETITIONER'S NAME:

ADDRESS:

PHONE NUMBER:

CASE NUMBER:

Fill in your name, address, phone number and case number.

1. Date of order denying request to waive court costs:

2. I ask the court for a hearing on my cost waiver request so that I can afford my financial situation.

Fill in the date the judge denied the request

Date:

Don't forget to date, print your name, and sign this form!

For further questions:

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