| 301 Bicentennial Circle, Roor (916) 875-7800 Web Si | Superior Court of California, County of Sacramento 301 Bicentennial Circle, Room 100, Sacramento CA 95826 (916) 875-7800 Web Site: www.saccourt.ca.gov Hours: 8:30am to 4:00pm | | | | | |
|---|---|--|--|--|--|--|
| Ex Parte Application for Modi Ability | | | | | | |
| Applicant / Defendant Name and Mailing address: | Clerk's File Stamp Exparte Hearing Date: | | | | | |
| Telephone No. () - People of the State of California Vs. Defendant: | Citation Number: Case Number: (One application required for each case. Applications with multiple case numbers will not be processed) | | | | | |

Charges:

Check here if additional pages attached

Total amount paid (if applicable):

Number of previous applications filed:

Total remaining due (if applicable):

1. Community service will be provided in lieu of paying your fine. There are a variety of assignments available for all education levels and physical limitations. Flexible schedules and hours are also available to complete community service and in most cases, at least 90 days is provided to complete the hours assigned. If you are unable to complete community service, you must indicate the reason below.

I have previously been denied the opportunity to complete community service in Sacramento County due to my criminal history.

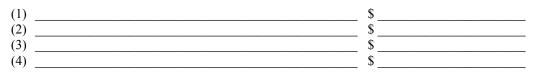
I am physically unable to complete community service (medical verification from a medical provider must be attached to application).

2. Please check one of the following regarding your household income:

| A. | I currently receive the following public assistance (check all that apply). Verification of public assistance |
|----|---|
| | must be attached to application: |

| Supplemental Security Income/SSI (This is not Social Security) | County relief, general relief or general assistance |
|--|---|
| Cash Assistance Program for Immigrants (CAPI) | In-Home Supportive Services (IHSS) |
| CalWORKS | MediCal |
| State Supplementary Payment (SSP) | Tribal Temporary Assistance for Needy Families |
| CalFresh) (Supplemental Nutrition Assistance Program) | |

- **B.** I do not currently receive public assistance. My gross monthly household income is <u>and a total of</u> dependents live in the household. (Questions 3-7 must be answered in order for your application to be considered and a copy of the most recent pay stub must be included). If you need more space, attach a sheet of paper and write Financial Information and your name and case number at the top. **Verification of income must be attached to application**
- 3. Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.
- 4. 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.



- b. Your total monthly income \$_____
- 5. Household Income

6.

a. 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) | - | 1 | Φ. |
| | (2) | | | ф. |
| | (3) | | | \$\$ |
| | (4) | | | \$ |
| b. | Total monthly income of perso | ons above | \$ | |
| c. | Total monthly income <i>and</i> ho | usehold income | (4b plus 5b) \$ | |
| Yc | our Money and Property | | | |
| a. | Cash | | \$ | |
| b. | All financial accounts (List ba | ink name and an | nount) \$ | |
| | (1) | | A | |
| | (2) | | ¢ | |
| | (3) | | <u>_</u> | |
| c. | Cars, boats, and other vehicles | 5 | | |
| | Make/Year | Fair Mar | ket Value | How Much You Still Owe |
| | (1) | \$ | | \$ |
| | (2) | \$ | | \$ |
| | (3) | \$ | | \$ |
| d. | Real estate | | | |
| | Address | Fair Marl | ket Value | How Much You Still Owe |
| | (1) | \$ | | \$ |
| | (2) | \$ | | \$ |
| | (3) | \$ | | \$ |

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

| | Describe | Fair Market Value | How Much You Still Owe |
|----------|--|--------------------------------|------------------------|
| | (1) | • | \$ |
| | (2)(3) | | \$ |
| | (3) | Ψ | \$ |
| Yo | ur Monthly Deductions and Exp | oenses | |
| | List any payroll deductions an | | |
| | (1) | | \$ |
| | (2) | | \$ |
| | (3) | | |
| | (4) | | \$ |
| 1 | D (1 (0) | | ¢ |
| b. | Rent or house payment & main | ntenance | \$ |
| c. d. | Food and household supplies Utilities and telephone | | \$ |
| | Clothing | | s \$ |
| e. f. | Laundry and cleaning | | \$ \$ |
| ı. g. | Medical and dental expenses | | \$ \$ |
| g. h. | Insurance (life, health, accider | \$\$ | |
| i. | School, child care | | ¢ |
| j. | Child, spousal support (anothe | r marriage) | \$ \$ |
| k. | Transportation, gas, auto repai | | \$ |
| 1. | Installment payments (list each Paid to: | | * |
| | | | \$ |
| | | | |
| | (2) | | \$ |
| | | | |
| m. | Wages, earnings withheld by c | | \$ |
| n. | Any other monthly expenses (| list each below): | |
| | Paid to: | | How Much? |
| | (1) | | \$ |
| | (2) | | _ \$ |
| | (3) | | \$ |
| Tot | tal Monthly Expenses (add 7a-7 | 'n above): | \$ |
| 0 | Any other facts you want the c | ourt to know related to your a | hility |
| 0. | to pay, indicate below: | our to know related to your a | Unity |
| | to puy, malcule below. | | |

I understand that by submitting this application, community service will be provided as the primary alternative to paying my fines/fee. By completing the community service, I will satisfy the fines/fee. If I fail to complete the community service, I will have to pay my fine/fees in full by the due date or additional penalties will be added and a license suspension will be submitted to DMV. I declare under penalty of perjury under the laws of the State of California that the information provided in this application and all attachments is true and correct.

Signature_____

7.