



Superior Court of California, County of Sacramento

301 Bicentennial Circle, Room 100, Sacramento, CA 95826
(916) 875-7800 | Hours: Monday - Friday 8:30 a.m. - 4:00 p.m. | www.saccourt.ca.gov

EX PARTE APPLICATION FOR MODIFICATION OF SENTENCE BASED ON ABILITY TO PAY

Application\Defendant Name and Mailing Address:

Telephone Number: _____

People of the State of California Vs. Defendant:

Charges: _____

Total amount paid (if applicable): _____

Total remaining due (if applicable): _____

Clerk stamps date here when form is filed.

[Empty box for clerk stamp]

Ex Parte Hearing Date: _____

Citation Number: _____

Case Number: _____

(One application required for each case. Applications with multiple case numbers will not be processed)

Number of previous applications filed: _____

Future court date set for: _____

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 available. In most cases, you have at least 90 days to complete the hours assigned. If you are unable to complete community service, please indicate a 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 received the following public assistance (check all that apply):
(Verification of public assistance must be attached to application).

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

b. I do not currently receive public assistance. My gross monthly household income is \$_____ and a total _____ 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

a. 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)	_____	\$	_____
(4)	_____	\$	_____

b. Your total monthly income \$ _____

5. Household Income

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)	_____	_____	_____	\$ _____
(2)	_____	_____	_____	\$ _____
(3)	_____	_____	_____	\$ _____
(4)	_____	_____	_____	\$ _____

b. Total monthly income of persons above \$ _____

c. Total monthly income *and* household income (4b plus 5b) \$ _____

6. Your Money and Property

a. Cash

\$ _____

b. All financial accounts (List bank name and amount)

\$ _____

(1)	_____	\$	_____
(2)	_____	\$	_____
(3)	_____	\$	_____

c. Cars, boats, and other vehicles

	Make/Year	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

d. Real Estate

	Address	Fair Market 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)	_____	\$ _____	\$ _____

7. Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____

b.	Rent or house payment & maintenance	\$ _____
c.	Food and household supplies	\$ _____
d.	Utilities and telephone	\$ _____
e.	Clothing	\$ _____
f.	Laundry and cleaning	\$ _____
g.	Medical and dental expenses	\$ _____
h.	Insurance (life, health, accident, etc.)	\$ _____
i.	School, child care	\$ _____
j.	Child, spousal support (another marriage)	\$ _____
k.	Transportation, gas, auto repair and insurance	\$ _____

l. Installment payments (list each below):

Paid to:

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

m. Wages, earnings withheld by court order \$ _____

n. Any other monthly expenses (list each below):

	Paid to:	How Much?
(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

Total Monthly Expenses (add 7a-7n above): \$ _____

o. Any other facts you want the court to know, such as unusual medical expenses, etc. related to your ability to pay, indicate below:

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

Date _____

Signature of Defendant