TR-320/CR-320

Can't Afford to Pay Fine: Traffic and Other Infractions

Using this form

- If you can't afford to pay your fine, fill out this form to ask for a lower fine, a payment plan, more time to pay, and/or community service.
- You may use this form even if your fine has been sent to collections. If you have more than one fine, use one form for each fine.
- Mail or take this form to the court listed on your ticket. If you
 want to file the form electronically, ask the court if it allows
 "e-filing."
- If you lost your ticket or have questions, contact your court at www.courts.ca.gov/find-my-court.htm.

Types of fines

- Use this form for **traffic** fines (like speeding) or other infractions (like fishing without a license or drinking in public), not for misdemeanors.
- This form is **not for parking tickets**. Read your parking ticket to find out what you can do.
- Do not use this form for a dismissal or reduction of charges for tickets requiring proof of correction.

Ť

| CONFIDENTIAL |
|--|
| Clerk stamps date here when form is filed. |
| |
| |
| |
| |
| |
| |

Fill in court name and street address:

| Superior Court of California, County of | |
|---|--|
| | |
| | |
| | |
| | |
| | |

Fill in the case number and ticket number (if you have it):

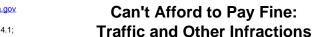
| Case Number: | |
|----------------|--|
| Ticket Number: | |

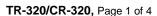


Important!

- **Do not** use this form to tell the court that you didn't do anything wrong. See the instructions on your ticket and visit www.courts.ca.gov/selfhelp.htm for more information on fighting it.
- This form cannot be used to sign up for traffic school. Please contact your court if you wish to request a reduction and traffic school.

| Your information | | | |
|--|---|--------------|------------|
| Name: | | | |
| Street or mailing address: | City | |) |
| Telephone: | OK to text you at this number?* | □ No | ☐ Yes |
| Email (optional): | OK to email you at this email?* | ☐ No | ☐ Yes |
| * Some courts don't use text messages of | r email to contact court clients. Message and | data rates w | ould apply |







| 2) | Wha | t type of income do you have? | | |
|------------|-------|---|----------------------|--|
| | □ I d | do not get money from any source. (Skip to (3)) | | |
| | | get public benefits. (Check all that apply, then skip | to(3)) | |
| | | CalFresh (food stamps) | ☐ Medi-Cal | |
| | | General Assistance / county relief | SSI: Supplem | nental Security Income |
| | | SSP: State Supplementary Payment | ☐ IHSS: In-Hor | ne Supportive Services |
| | | CalWORKs: California Work Opportunity and | ☐ TANF: Temp | orary Assistance for Needy Families |
| | | Responsibility to Kids Act | | nia Special Supplemental Nutrition |
| | L | CAPI: Cash Assistance Program for Immigrants | • | Women, Infants, and Children |
| | | Unemployment compensation None of the above | Other | |
| | | do not get public benefits, but I get money from oth | her sources (Answa | r all that apply) |
| | | | | |
| | | ow much money do you earn (take-home pay) or g mily from a spouse or live-in romantic partner)? | et from other source | es (including income received in your |
| | \$_ | every: (Check one) | 2 weeks | Twice a month |
| | | ☐ Week | ☐ Month ☐ | Season |
| | | Other: | | |
| | b. T | his money supports me and other peop | le. | |
| | c. If | I pay the fine, I would: (Check all that apply, if an | y) | |
| | | Not have enough money to pay my rent/mortgage (Check one): Month Week Other: | | _ for rent/mortgage every |
| | | Not have enough money to pay for other basic livutilities, childcare, child support, transportation, and student loans. | • • | 0 1 |
| | | Not have enough money to pay my debt for other | court cases. | |
| | | Have other problems (please explain): | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | Dov | you have anything that shows your publ | lic bonofits, inc | omo or ovnoncos? |
| <u>ی</u> | • | you have anything that shows your publes like an EBT card, paystubs, tax returns, rent or n | • | |
| | a. [| Yes, I have attached copies to this form. | | $\left \frac{\overline{s}}{s} \right $ |
| | | Important! Keep the original documents for your | r own records. Any o | copies vou attach can be destroyed after |
| | | the court makes a decision on your case. Cross o information, on the copy you give the court. | - | |
| | b. [| No, I do not have any papers to show because: | | |
| | | | | |
| | | | | |



| ☐ Yes ☐ No, not that I can remember (Skip to ⑤ What has changed in your family's life since then? (Ch ☐ Lost job or reduced hours at work. ☐ Started to receive public benefits. ☐ Suffered a serious illness or disability. ☐ Other: | eck all that apply, if any.) |
|---|---|
| What are you asking the court to do? (Check Lower the amount I owe on the fine. Payment plan: I want to pay: every month on the day of the month, until this fine is paid off. More time to pay. Please change my deadline to (month/day/year): Community service instead of paying the fine. I understand that community service may not be available on weekends or evenings. | A all that you are willing and able to do) Not all courts offer all of these choices. Contact the court listed on your ticket to find out about your choices. Some fines can't be reduced just because you don't have the money to pay them. You may ask for more time to pay, community service, and/or monthly payments even if the court can't reduce the fine. |
| Other information: List other facts (if any) about why you can't pay the fin attach other documents that help you explain.) | ne or about your choices in (5). (You can add extra pages of |

| 7 | Plea selection (In order to submit your request using this form, if your case is unadjudicated, you need to admit responsibility for the ticket by entering a plea of guilty or no contest. If you do not want to admit responsibility or you do not understand your rights, do not use this form. Instead, contact your court to set up a court appearance.) |
|------|---|
| | By entering a plea you will be giving up the following rights: |
| | To be represented by an attorney employed by you; To have a speedy and public trial in front of a judge; To testify, to present evidence, and to use court orders without cost to compel the attendance of witnesses and the production of evidence on your behalf; |
| | To have the witnesses against you testify under oath in court, and to question such witnesses; and To remain silent and not testify and not incriminate yourself. |
| | Make a choice between pleading guilty or no contest. A no contest plea is a way of saying, "I don't believe I did all that the officer charges, but I admit violating the law." |
| | Note: Once you admit responsibility, you will have a conviction for this traffic offense that will be reported to the Department of Motor Vehicles (DMV). |
| | Your plea (check one): |
| | No contest plea. I am the defendant in the case. I have read, understand, and waive the rights above; there are facts to support my plea; I am entering my plea freely and voluntarily, and I agree to plead "no contest." I understand that, for purposes of this case, a plea of no contest will be considered the same as a plea of guilty and that if I plead no contest the court will find me guilty. |
| | ☐ Guilty plea. I am the defendant in the case. I have read, understand, and waive the rights above; there are facts to support my plea; I am entering my plea freely and voluntarily; and I agree to plead guilty. |
| 8 | Read and sign below |
| | I promise that the information above is correct. I declare under penalty of perjury, under the laws of the State of California, that all information on or attached to this form is true. |
| Date | : |
| | • |
| Type | or print your name Sign your name |
| | |

Can't Afford to Pay Fine:

| Superior Court of California, County of |
|---|
| |
| |
| Case Number: |
| Ticket Number: |
| money to pay what you owe. |
| |
| day of every month for |
| |
| |
| on (date): |
| owe. |
| · |
| |

This is a Court Order.





Clerk stamps date here when form is filed.



| (3) Need more information: The court has mo | are allections |
|---|--|
| ☐ Please contact your court to set up a time to se | |
| Clerk's phone number: | · · |
| Clerk's address: | - |
| | |
| ☐ Please come to court at (time):on (de | ate): Go to Department: |
| Bring these things with you: | \triangle |
| (1) | |
| (2) | Don't miss |
| (3) | the court date |
| 4 Request denied: The court decided that you | u have to pay the full cost of what you owe. |
| The court decided that: | |
| ☐ You have enough money to pay what you ov | we. |
| You made a request before, but you did not | show that your situation has changed since your last request. |
| _ 1 | |
| Pay the full cost of what you owe (\$ |) by (<i>date</i>): |
| See the court's website for payment information | |
| see the court's weester for payment information | •• |
| Oate: | |
| | Judge (or Judicial Officer) |
| 5) Clerk's certificate of service | |
| I am a clerk of the Superior Court of | County. I certify that I am not a party to this action. |
| I served a copy of this order to: | in the following manner: |
| Name of person served | |
| ☐ Service by mail: I placed a filed copy of this | order in a sealed envelope addressed to the following address: |
| Street or mailing address: | |
| Street or mailing address: | City State Zip |
| | |
| The envelope was mailed by U.S. mail, with ful | l postage, from: |
| • | |
| The envelope was mailed by U.S. mail, with ful Place: | |
| • | , California, on (date): |
| Place: Electronic service: I electronically sent a cop | y of this order: |
| Place: Electronic service: I electronically sent a cop | , California, on (date): |
| Place: \square Electronic service: I electronically sent a copfrom \square to \square | y of this order: |