

Using this form

- If you cannot afford to pay your fine to the Mono County Superior Court, fill out this form to ask for a lower fine, a payment plan, and/or more time to pay.
- You may use this form even if your fine has been sent to collections. If you have more than one ticket, use one form for each ticket.
- You must send this form to the Court one of the following ways:
 - Mail to the Mono Superior Court, P.O. Box 1037, Mammoth Lakes, CA 93546
 - Take to the Courthouse at 100 Thompsons Way, Mammoth Lakes, CA 93546
 - Scan and email to mono.traffic@mono.courts.ca.gov
 - Fax to 760-924-5419
- If you lost your ticket or have questions, contact the Mono County Superior Court by calling 760-924-5444 or visit the court website at www.mono.courts.ca.gov for more information.

Clerk stamps date here when the form is filed.

**Superior Court of California,
County of Mono**
100 Thompsons Way
P.O. Box 1037
Mammoth Lakes, CA 93546

Types of fines

- Use this form for **traffic** fines (like speeding) or other infractions, such as Fish & Game and local ordinances
- This form is **not for parking tickets**. Read your parking ticket to find out what you can do.

Case Number:

Ticket Number:

Important!

- **Do not use this form to tell the Court you did not do anything wrong** and you want to contest your ticket/citation. See the instructions on your ticket or your "courtesy notice of bail" and visit the Court website www.mono.courts.ca.gov for more information on contesting your ticket/citation.

1 Your Information

Name: _____

Street or mailing address: _____

Telephone: _____

Email (optional): _____ * OK to email you at this email? Yes No

2 What type of income do you have?

I do not receive money from any source (skip to 3)

I receive public benefits (check **ALL** that apply, and then go to 3)

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps (CalFresh) | <input type="checkbox"/> State Supplementary Payment (SSP) |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> County Relief/General Assistance |
| <input type="checkbox"/> CalWORKS or Tribal TANF | <input type="checkbox"/> In-Home Supportive Services (IHSS) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> Other need-based aid (specify): _____ | |



I do **NOT** receive public benefits, but I receive money from other sources (Answer **ALL** that apply)

a. How much do you earn (take-home pay) or receive from other sources (including income received in your family from a spouse or live-in romantic partner)
\$_____ every: (check one) Year 2 weeks Twice a month
 Week Month Season
 Other: _____

b. This money supports me and _____ other people.

c. If I pay this fine, I would: (check **ALL** that apply, if any)

Not have enough money to pay my rent/mortgage. I pay \$_____ for rent/mortgage every (check one): Month Week Other: _____

Not have enough money to pay for other basic living expenses. *Basic living expenses are things like: food, utilities, childcare, child support, transportation, medication, insurance (medical, car, house, rental, and student loans).*

Not have enough money to pay my debt for other court cases.

Have other problems (*please explain*):

3 Do you have anything that shows your public benefits, income, or expenses?
Things like an EBT card, paystubs, bank statements, rent or mortgage checks, or utility bills.

a. Yes, I have **attached copies** to this form.

IMPORTANT! *Keep the original documents for your own records. Any copies you attach can be destroyed after the Court makes a decision on your case. Cross out any social security numbers, or other private information, on the copy you give to the Court.*

b. No, I do not have any papers to show because:

4 Have you told the Mono County Superior Court before that you can't pay this fine?

Yes No, not that I can remember (Skip to 5)

What has changed in your family's life since then? (Check **ALL** that apply, if any)

- Lost job or reduced hours at work
- Started to receive public benefits
- Suffered a serious illness or disability
- Other: _____

5 What are you asking the Court to do? (Check ALL that you are willing and able to do)

- 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. There will be a \$35 administrative fee added to your total.
More time to pay: Please change my deadline to (month/day/year): _____
Attend traffic school (this will add a mandatory, non-reducible \$65 fee to your total) Please note that traffic school is only allowed once every 18 months from violation date to violation date. It is your responsibly to know if you are eligible for traffic school or not. The \$65 fee is non-refundable, even if you find out that you are not eligible for traffic school after the fact.
If you have penalty charges (called "civil assessments") for not appearing in court for your ticket for this form will also be considered a request to eliminate or reduce those penalty charges. Check the following reason the Court should consider:
I had "good cause" for failing to appear for my ticket (explain the reason, you can add extra pages or attach documents that help explain): _____
I ask the Court to consider my financial circumstances.

There are mandatory fees that cannot be reduced just because you do not have the money to pay them. You may ask for more time to pay and/or monthly payments even if the Court cannot reduce these fees.

6 Other information:

List other facts (if any) about why you can't pay the fine or your choices in 5 (You can add extra pages of attach other documents that help you explain):

7 Driver's license "hold" or suspension

Did you miss a court date or fail to pay a fine? If so, the Department of Motor Vehicle (DMV) might have suspended or put a "hold" on your driver's license. If the court clears your failure to appear or failure to pay, the Court will notify the DMV. You must still contact the DMV to get your license back.

8 Read and sign below

I promise that the information above is correct. I declare under penalty of perjury, under the laws of State of California, that all information on or attached to this form is true.
I understand that in order for my request to be considered, I need to sign the attached "Plea Form" to waive my right to contest the ticket/citation.

DATE:

Type or print your name

Sign your name



Can't Afford to Pay Infraction Plea Form

Fill out this form if:

- You accept and understand the charges on your infraction ticket,
- You want to plead guilty or no contest instead of going to court, and
- You want the Mono County Superior Court (the Court) to consider your request to eliminate or reduce your infraction fines

1 Your information

Name: _____ Ticket or Case Number: _____

Street or Mailing Address: _____

Telephone: _____ Email (optional): _____ Date of Birth: _____

2 Charges

I am pleading guilty or no contest to all of the charges on my infraction ticket/citation. I understand if my request is denied the fines I owe are the amount set in my bail notice.

3 If you are pleading guilty or no contest for infraction ticket/citation you understand you are giving up the following Constitutional rights:

- I give up my right to be represented by a lawyer (at your expense) and the right to represent myself;
- I give up my right to a court trial;
- I give up my right to confront and cross-examine witnesses;
- I give up my right to remain silent and to not incriminate myself;
- I give up my right to present a defense and to produce evidence and witnesses on my own behalf;
- I give up my right to appeal the Court's decision;
- I give up my right to an interpreter if I do not speak English well;

4 If you check Guilty or No Contest (nolo contender) below, that means:

I understand that a “no contest” (nolo contender) plea will have exactly the same effect as a “guilty” plea, but can't be used against me in a civil lawsuit.

5 I freely and voluntarily plea (check one) Guilty No Contest

I declare under penalty of perjury under the laws of the State of California that there are facts that support my plea and that the information I have provided on this form is true and correct.

Date: _____ Signature: _____