

Clerk stamps date here when form is filed.

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.
- Use this form **after** the court has ordered you to pay a fine. You may use this form even if your fine has been sent to collections. You may use one form to address all fines held by the San Francisco Court. Do not include fines for tickets in other counties. Please list all relevant ticket numbers, if available.
- You must print and mail or bring the petition in person to the address listed to the right in order to submit the petition.
- If you lost your ticket or have questions, contact your court at www.courts.ca.gov/find-my-court.htm.



Fill in court name and street address:

Superior Court of California, County of
SAN FRANCISCO
Hall of Justice
Traffic/Infractions Division
850 Bryant Street, Room 101, Window 8
San Francisco, CA 94013

Types of fines

- Use this form for **traffic** fines (like speeding) or other infractions (like fishing without a license or drinking in public).
- This form is **not for parking tickets**. Read your parking ticket to find out what you can do.



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

Case Number:

Ticket Number(s):

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 the ticket.

1 Your information

Name: _____

Street or mailing address: _____
Street City State Zip

Telephone: _____ * OK to text you at this number? Yes No

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

* Some courts don't use text messages and email to contact court clients. Message and data rates would apply.

2 What type of income do you have?

I do not get money from any source. (Skip to 3)

I get public benefits. (Check all that apply, then skip to 3)

Food stamps (CalFresh)

State Supplementary Payment (SSP)

Medi-Cal

General Assistance (GA) / CAAP / PAES

CalWORKs or Tribal TANF

In-Home Supportive Services (IHSS)

Supplemental Security Income (SSI)

Cash Assistance Program for Immigrants (CAPI)

Other need-based aid (specify): _____



I do **not** get public benefits, but I get money from other sources. (*Answer all that apply*)

a. How much money do you earn (take-home pay) or get 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 the 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, and 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, tax returns, 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 the court.*

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

4 Have you told the court before that you can't pay this fine?

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

If yes, what has changed in your family's life since then? (*Check all that apply, if any.*)

- Lost job or reduced hours at work. I am re-submitting this form with more information about my financial situation
- 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.




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.



Cancel or lower late charges that I have for missing a hearing or failing to pay my fine on time.



† Not all courts offer all of these choices.

† Contact the court listed on your ticket to find out about your choices.

6 Other information:

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

7 Driver's license "hold" or suspension

Did you miss a court date for your ticket? If so, your driver's license may be suspended. When you submit this form, the court will notify the Department of Motor Vehicles (DMV) that you have resolved your failure to appear. You must then 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 the State of California, that all information on or attached to this form is true.

Date: _____

Type or print your name



Sign your name