



SUPERIOR COURT OF CALIFORNIA  
COUNTY OF CALAVERAS  
400 Government Center Drive  
San Andreas, CA 95249  
INFRACTIONS ONLY  
**DECLARATION / ABILITY TO PAY**

If you have more than one case, use one form for each case.

**1. Your Information:**

Name: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Case Number: \_\_\_\_\_

Clerk fills out this box

☐ FTA/FTP

☐ A Traffic School Certificate was filed

\$ \_\_\_\_\_

Amount ordered

Due date

\$ \_\_\_\_\_

Amount paid

Date paid

Balance due \$ \_\_\_\_\_

☐ Civil Assessment Imposed

**2. What kind of help do you want from the court? (Check all that apply to your request)**

☐ a. Lower the fine

☐ b. Community Service

☐ c. Accept Proof of Correction

☐ d. Reduce monthly payment

☐ e. Set aside Civil Assessment

☐ f. Payment Plan

☐ g. Ask for a Court Date

☐ h. Release DMV License Hold (Abstract)

☐ i. Other (specify): \_\_\_\_\_

**3. Can you afford to pay?**

☐ Yes (Skip Section 4 and complete Sections 5, 6 and 7)

☐ No (If you check this box, you must also fill out Sections 4, 5\*, 6, and 7)

**4. Public Benefits - Check any benefits listed below that you are receiving now.**

If you do not receive benefits, go to the next question.

Medi-Cal CalFresh/WIC

CalWORKs

CAPI a SSI/SSP a Low-Income Veterans Pension

Tribal TANF

Refugee Cash Assistance

General Assistance Extended Foster Care IHSS

Other need-based help (specify):

**Important!** Attach a copy of any document that proves you are getting the benefits you checked.

**5. Household Income \*(skip this section if you checked any public benefits in Item 4)**

Monthly income \$ \_\_\_\_\_ Number of people in household: \_\_\_\_\_

**Important!** Attach a copy of any document(s) that proves the amount of gross-monthly income (before tax deductions) for your household. In Item 6, provide any details or special circumstances you want the court to consider.

Applicant's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

6. Describe your Request

Please explain the reason for your request and any details or special circumstances you want the court to consider.  
(Attach more pages if you need more space.)

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7. Read and sign below

I declare under penalty of perjury under the laws of the State of the California that the information I have provided on this form is true and correct.

Date: \_\_\_\_\_

 \_\_\_\_\_  
Applicant signs here

For Court Use Only

Court's Decision

☐ Granted as to letter(s): \_\_\_\_\_

☐ Denied as to letter(s): \_\_\_\_\_

☐ Deadline to Pay Extended: ☐ 3 Months ☐ 6 months ☐ Other \_\_\_\_\_

☐ Fine reduced to: \_\_\_\_\_

☐ Other Orders: \_\_\_\_\_

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Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

Submitted by: \_\_\_\_\_

Clerk Name