

Name, address and telephone number of attorney or party without attorney:	<b>FOR COURT USE ONLY</b>
Telephone No.: _____ Fax No.: _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER</b>	
STREET ADDRESS: 1175 Civic Center Boulevard MAILING ADDRESS: 1175 Civic Center Boulevard CITY AND ZIP CODE: Yuba City, CA 95993 BRANCH NAME: _____	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT: _____	
<b>APPLICATION &amp; DECLARATION FOR COMMUNITY SERVICE OR REQUEST FOR HEARING ON ABILITY TO PAY TRAFFIC FINE</b>	
	CASE NUMBER: _____

- I have previously been convicted of an infraction & request I be allowed to complete community service in lieu of payment of the total fine or a determination of my ability to pay the ordered fine. Payment of the total fine would pose a financial hardship on me & my family.
- I intend to enter a plea of guilty or no contest at the time of sentencing & will be requesting to complete community service in lieu of payment of the total fine. Payment of the total fine would pose a financial hardship on me & my family.
- I intend to enter a plea of guilty or no contest & I request the court set a hearing to consider my ability to pay the traffic fine.

**Below is the reason why payment of the total fine would pose a financial hardship on me and my family:**

Check here and attach a sheet of paper if you need more space

**My Declaration of Financial Circumstances for Community Service or Ability to Pay Traffic Fine is attached (the Court will not consider your request without a completed Financial Declaration).**

I declare, under penalty of perjury, that the foregoing information is true and correct.

Dated: \_\_\_\_\_ (TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE)

**FOR COURT'S USE ONLY**

The request for Community Service is:  Granted (see "a" below)  Denied  Set for a hearing (see "b" below)

- a. Complete \_\_\_\_\_ hour(s) of community service in lieu of fine (\$22 per hour of community service will be applied toward fine.) Proof of completion of community service hours and/or payment of fine balance must be provided by: \_\_\_\_\_. If proof of completion of community service is not received by this date any outstanding balance of the fine becomes due. **Failure to complete community service or pay remaining balance of fine by the due date will result in additional penalties being added to your case.**

b.

Hearing Date: _____	Time: _____	Location: 1175 Civic Center Blvd, Yuba City, CA 95993 Courtroom: TBD
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Date: \_\_\_\_\_ Judge of the Superior Court