

NAME, ADDRESS, AND TELEPHONE NUMBER OF DEFENDANT OR DEFENDANT'S ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS:		
DEFENDANT/PETITIONER:		
<input type="checkbox"/> <b>PETITION AND ORDER TO REDUCE OR VACATE CIVIL ASSESSMENT</b> <input type="checkbox"/> <b>PETITION AND ORDER FOR AN ABILITY-TO-PAY DETERMINATION</b>		CITATION NUMBER:

**Petition to Reduce or Vacate Civil Assessment – California Rules of Court, Rule 4.106**

- If you receive a notice that the court has placed a hold on your license and a civil assessment has been added to your citation, you may request that the court reduce or vacate the assessment.  
To make the request, you must file a petition with the court to lower or vacate the civil assessment.
- You must file a petition within 20 calendar days from the action date on the notice the court sent you.
- There is no fee for this petition.

**Note:** A petition to reduce or vacate an assessment does not stay any order requiring payment of bail, fines, penalties, fees, or assessments unless specifically ordered by a judicial officer.

**Petition for Ability-to-Pay Determination – California Rules of Court, Rule 4.335**

- If you cannot pay your ticket, you may request that the court consider your ability to pay, lower your payment, vacate the amount you owe, create a payment plan, agree to pay with reduction in sentence - see form LASC TRAF 057, and/or complete community service (fees may apply).
- You are eligible if: (1) you were found guilty, plead guilty/no contest, or paid the ticket in full, (2) you are currently on an installment plan, (3) you are performing community service to satisfy your judgment, or (4) your judgment remains unpaid, including when your case is delinquent or in collections.
- You have the right to a review by a judicial officer. This request must be in writing and include any information you want the court to consider in making a decision.
- If an ability-to-pay determination has already occurred, another ability-to-pay determination on the same fines or penalties can be requested when there is a change in your circumstances.

**Instructions:** Complete and file this form and attach any additional information or documentation you wish the court to consider. (See Page 2 for more information.)

**Check one:**     This is my first petition.                   I have submitted a petition before. (Please explain below.)

**Reason for Petition/Change in circumstance:**

- Additional sheets attached to this document.
- I want the court to make a determination based upon my declaration and supporting documents.
- I am requesting to go to court to appear before a judicial officer to be heard on this matter.

**Reason you want to appear in court:**

- Additional sheets attached to this document.

**DECLARATION**

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

Date: \_\_\_\_\_  
Petitioner's Name (PRINT)
Petitioner's Signature

**INFORMATION**

- If you submitted the petition by written declaration, the court will respond to your petition in writing. Please allow up to four weeks for a response.
- If the court requires more information to make its determination, you will be notified in writing of the information needed or if necessary, a hearing date where you will be required to appear in court.

For Petition to Reduce or Vacate Civil Assessment:

- Provide the reason(s) and documentation for your failure to appear on the due date.

For Petition for Ability-to-Pay Determination:

- Provide the reason(s) and any documentation to support your request for an ability-to-pay determination.
- Provide any documentation to support your request, such as:
  - Proof of receiving any public benefits, such as CalWORKSs, General Relief, CalFresh (food stamps), IHSS, SSI, etc.
  - Any recent statements for fixed monthly payments (car, rent, utilities, credit card/student/personal loans, child support, etc.)
  - Pay stubs, disability/retirement income, or any other source of income
  - Bank statements, W-2's, and/or income tax returns
  - Bankruptcy information
  - Work or family obligations or a disability that prevents you from completing community service

**IMPORTANT: Once the judicial officer has made a ruling on your petition, the court will throw away any additional documentation you submit with this petition unless you request to have the documentation returned and provide a self-addressed stamped envelope with the proper postage attached.**

**ORDER**

The Court has reviewed and considered the:

- Petition to Reduce or Vacate Civil Assessment. The court  does  does not find good cause for the failure to appear.
- Petition for Ability-to-Pay Determination.

The Court Now Orders:

- Good cause shown, the civil assessment is \$ \_\_\_\_\_ total.  Civil assessment is vacated.
- The court reduces the fine to \$ \_\_\_\_\_. Due by \_\_\_\_\_.  
As to count(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_.
- It is determined that the defendant's ability to pay is \$ \_\_\_\_\_ per month.  
Collections vendor/court staff to set up a payment plan with the defendant.
- Defendant may complete community service in lieu of paying \$ \_\_\_\_\_.
- Driver's license hold released for this citation.
- Sentence suspended.  As to counts: \_\_\_\_\_  All counts.
- Petition is denied. All previous orders remain in full force and effect.  No further proceedings on this issue.
- Matter is ordered set for an **Ability-to-Pay** hearing by the Clerk's Office. Defendant ordered to appear as directed. More information is needed regarding \_\_\_\_\_.
- \_\_\_\_\_

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

\_\_\_\_\_  
Judicial Officer

**For Court Use**

**Ability-to-Pay Hearing:** Your court hearing has been set as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_ Court Location: \_\_\_\_\_

**PROOF OF SERVICE**

I certify that I am not a party to this case and that I served a true copy of the Order upon the defendant/counsel at the address shown above:  by placing it in a sealed envelope with postage fully paid for collection and mailing, by the United States Postal Service, at the courthouse in \_\_\_\_\_, California.  by personally providing a copy to the defendant.

**SHERRI R. CARTER, Executive Officer/Clerk of Court**

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

\_\_\_\_\_  
By Deputy

SCAN THIS FORM AS:  PETG (Granted)  PETD (Denied)  PETH (Hearing Set)