

Request for Hearing on Ability to Pay

Defendant Name: _____

Docket Number(s): _____

To the Honorable Court,

I am requesting a hearing to have information on my ability to pay the fine and costs owed on my case(s) reviewed by the Judge.

I am not currently able to make payment(s) under my existing Payment Plan because:

I believe I would be able to discharge the fine and costs owed on my case(s) without any hardships by:

- I can remit a lower payment amount of \$_____ on a weekly, biweekly, monthly basis
- I can complete Community Service at the rate of \$100 credit for every 8 hours of service performed
- I have no financial means to pay the amount I owe. I also am not able to complete community service without undue hardship. Therefore, I am requesting a waiver of the fine and costs I owe.
- I can do a combination of lower payments and community service as follows:

Signed,

Defendant

Date

