

**MARIN COUNTY SUPERIOR COURT**

3501 Civic Center Drive, Room C-10 • P.O. Box 4988 • San Rafael, CA 94913-4988  
(415) 444-7070 • www.marincourt.org

NAME: \_\_\_\_\_  
CASE NO: \_\_\_\_\_  
DATE: \_\_\_\_\_

**FINANCIAL QUALIFICATION FOR  
COMMUNITY SERVICE WORK  
CRIMINAL CASE  
(CONFIDENTIAL)**

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your bail or fine, you may use this form to ask the court to allow you to do community service work.

**1) Why are you asking the court to allow you to perform community service work?**

I receive (check all that apply):  Medi-Cal  Food Stamps  SSI / SSP  General Assistance  
 IHSS (In-Home Supportive Services)  CalWORKS

**If you checked any of the boxes above, stop here. Please sign and date the bottom of this form. If not, proceed to #2.**

**2) Are you a dependent on anyone else's tax return (e.g. your parents)?**  Yes  No

**3) If the answer to #2 is yes, does that person refuse to pay for your fine?**  Yes  No

**4) Your Household's Income**

a. Gross monthly income (before deductions) \$ \_\_\_\_\_

b. List the source and amount of any other income you get each month, including:  
spousal/child support, retirement, social security, disability, unemployment, \$ \_\_\_\_\_  
veterans payments, dividends, interest, trust income, annuities, or other income. \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME IS: \$ \_\_\_\_\_**

**5) Household Members**

Name	Age	Relationship	Name	Age	Relationship
a) _____	_____	_____	c) _____	_____	_____
b) _____	_____	_____	d) _____	_____	_____

**You are signing your request under penalty of perjury. Please answer truthfully and accurately. The court may ask you for information or evidence. You may be ordered to go to court answer questions about your ability to pay court obligations and to provide proof that you are eligible for the Community Service Work Program. You may also be ordered to pay if it is later determined that you were not eligible for Community Service Work.**

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

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

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

<b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	<b>FOR COURT USE ONLY</b>
PEOPLE OF THE STATE OF CALIFORNIA  DEFENDANT:	vs.
<b>AGREEMENT TO SET UP PAYMENT PLAN – CRIMINAL CASE</b>	CASE NUMBER:
	PROBATION TERMINATION DATE:

**Read carefully and, if you agree, sign and return the form to the clerk.**

1. I am the defendant in this case.
2. I want to pay my court ordered fine, fees, assessments and surcharges in monthly installments.
3. I understand that by signing below I agree to the payment terms.

**4. TERMS OF THE AGREEMENT:**

I agree to pay the \$\_\_\_\_\_ administrative fee plus \$\_\_\_\_\_ in installments of \$\_\_\_\_\_ to be paid on \_\_\_/\_\_\_/\_\_\_ and \$\_\_\_\_\_ on the \_\_\_ of each month until paid in full.

The total balance due, including the administrative fee is \$\_\_\_\_\_.

I agree that all payments must be made by the due date and there is no grace period.

I understand that if I do not make the payment by the due date, the court will automatically refer the unpaid balance to the Enhanced Court Collections Program (ECC) and will add a \$300.00 civil assessment to the unpaid balance. \_\_\_\_\_ (*initial here*)

5. I will make my payments by mail at the address above or by calling (415) 444-7070 or in person in Room C-10.

**By signing below I declare that I have read and understand my rights printed above, which I now choose to give up, and that I have read, understand, and accept the terms and consequences stated above.**

\_\_\_\_\_  
DEFENDANT'S SIGNATURE                      DATE                      PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

KIM TURNER  
Court Executive Officer

\_\_\_\_\_  
DATE                      By: \_\_\_\_\_  
DEPUTY

*Distribution: Original - Court File; (1) Copy - Defendant*