

NAME, ADDRESS, AND NAME OF CORRECTIONAL INSTITUTION X-REF NO.	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
INMATE REQUEST FOR PAYMENT PLAN	CASE NUMBER:

Notwithstanding any other provision, a person who is sentenced to the state prison or confined to a county jail shall pay the full amount of the trial court filing fees and costs. If you do not have enough income to pay your court fees, you may use this form to ask the court to set a payment plan on all or part of your court fees.

The court may order you to answer questions about your finances. If the court grants a payment plan for the fee, you may be required to pay in a lump sum later if:

- You cannot give the court proof of your inmate status, or
- Your financial situation improves during this case.

1. I declare that I am incarcerated and my current address is:

2. I have attached a Statement of Account certified by the appropriate official of the Department of Corrections and Rehabilitation or a county jail.

You must complete either section 3 a or 3 b below.

3. a) I have included a partial payment towards the filing fee of 20% of:
 The average monthly deposits to my account, or
 The average monthly balance in my account for six-months immediately preceding this request or
- b) The attached Statement of Account shows that there are no funds in my account.

4. What court fees or costs are you asking for a payment plan?

- | | |
|--|---|
| <input type="checkbox"/> Filing papers in Superior Court | <input type="checkbox"/> Giving notice and certificates |
| <input type="checkbox"/> Making copies and certifying copies | <input type="checkbox"/> Sending papers to another court department |
| <input type="checkbox"/> Sheriff's fee to give notice | <input type="checkbox"/> Court-appointed interpreter |
| <input type="checkbox"/> Reporter's daily fee | <input type="checkbox"/> Court fees for phone hearings |

Other (Specify):

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

Date: _____

Print your name here

Sign here