

SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR 500 Argonaut Lane Jackson, CA 95642 209-257-2605 www.amadorcourt.org	FOR COURT USE ONLY
PLAINTIFF: People of the State of California DEFENDANT:	
ORDER ON ABILITY TO PAY DETERMINATION	CASE NUMBER:

① **Person who asked the court for an ability to pay determination:**
 Name: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____

② **Lawyer, if person in ① has one** (name, address, phone number, e-mail, and State Bar number):

③ A request for an ability to pay determination was filed on (date): _____
 The court made a previous ability to pay determination in this case on (date): _____

Read this form carefully. All checked boxes are court orders

IT IS SO ORDERED:

Fine of \$ _____ affirmed, due within 30 days of the date of mailing of this notice, or
 Due by: _____
 Monthly payments of \$ _____ to be paid to the court by the _____ of every month.
 Defendant to appear in court on _____ at _____ .m. in Dept: _____.
 Denied. The court has determined the defendant has the ability to pay. Payments may be arranged through
 the Traffic Department.
 Other: _____

Dated: _____

JUDICIAL OFFICER OF THE SUPERIOR COURT

CLERK'S CERTIFICATE OF SERVICE

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.
 I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

 This order was mailed first class, postage paid, to the party and attorney, if any, at the address listed in ① and ②,
 from Jackson, California on (date) _____.

Date: _____ D. Harmon, Clerk of the Court, By _____, Deputy