

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

REQUEST FOR RELIEF FROM FINES, FEES AND OTHER MONETARY OBLIGATIONS, AND ORDER ON REQUEST

Name Of Defendant

Defendant's Telephone No.

Defendant's Date Of Birth

Street Address

I am homeless.

Rule 28 of the General Rules of Practice for the Superior and District Courts

Name And Address Of Attorney

I am self-represented.

ABILITY TO PAY WORKSHEET

MONTHLY INCOME (money you make)

Description	Amount Per Month
a. Employment Income (after taxes)	\$
Name Of Employer(s) <input type="checkbox"/> I am unemployed.	Title Of Position(s)
b. Spouse's Employment Income (after taxes), If Any	\$
Name Of Spouse's Employer(s) <input type="checkbox"/> My spouse is unemployed or I have no spouse.	Title Of Spouse's Position(s)
c. Investment Income	\$
d. Rental Property Income	\$
e. Pension Payments	\$
f. Child Support Payments Received By You	\$
g. Gifts From Others	\$
h. Other Income (specify)	\$
TOTAL MONTHLY INCOME	\$

This income supports me and _____ other people.

PUBLIC ASSISTANCE

Description	Amount Per Month
a. TANF (Temporary Assistance for Needy Families)	\$
b. Supplemental Security Income (SSI)	\$
c. Social Security Disability Insurance (SSDI)	\$
d. SNAP/Food Stamps	\$
e. Veterans' Benefits	\$
f. Other Public Assistance (specify)	\$
TOTAL MONTHLY PUBLIC ASSISTANCE	\$

This public assistance supports me and _____ other people.

(Over)

MONTHLY EXPENSES (money you pay out)

Description	Amount Per Month
a. Rent/Mortgage	\$
b. Food/Groceries	\$
c. Utilities (power, water, heating, phone, internet, etc.)	\$
d. Health Care/Medications (include medical debt repayment)	\$
e. Car/Transportation (include car insurance)	\$
f. Entertainment	\$
g. Child Care/Child Support Payments	\$
h. Education (school tuition/fees) <i>(list school or program attended)</i>	\$
i. Taxes	\$
j. Other expenses <i>(specify)</i>	\$
TOTAL MONTHLY EXPENSES	\$

ADDITIONAL INFORMATION

a. Total Value of Bank and Other Investment Accounts Owned By You <i>(specify types, but do not include account numbers)</i>	\$
b. Total Value of Residence and Other Real Property Owned By You <i>(specify)</i>	\$
c. Total Value of Jewelry and Other Personal Property Owned By You <i>(specify)</i>	\$
d. Total Value of Vehicles Owned By You (motor vehicles, watercraft, etc.) <i>(specify)</i>	\$
e. Total Value of Debt You Owe to Others <i>(specify)</i>	\$

f. Other Information *(Use the space below to provide any additional information about other circumstances the court should consider, such as your ability to earn, a disability or illness, a recent term of incarceration, a change in work hours, or specific consequences.)*

REQUEST/MOTION

Based on the information presented above, I, the defendant named above, *(complete only one of the two checkbox options below)*

- request/move that the Court waive/remit/exempt the balance of ALL costs, fees, fines, and restitution.
 request/move that the Court waive/remit/exempt the balance of the following specific monetary obligations: *(list)*

(complete any or none of the checkbox options below)

- I request to be given until _____ *(enter date)* to pay any imposed monetary obligation.
 I request a payment plan requiring a total payment of no more than \$_____ per month.
 I request to complete community service in lieu of monetary payments.
 I could pay \$_____ today without substantially impacting my ability to pay other basic living expenses.

Under penalty of perjury, I declare that the information on this form is true and correct to the best of my knowledge.

Date	Printed Name	Signature
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(Over - **Defendant is to complete Certificate of Service on the next page**)

CERTIFICATE OF SERVICE

I certify that a copy of this Request was served by:

- delivering a copy personally to the prosecutor.
- depositing a copy, enclosed in a postpaid properly addressed envelope, in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the prosecutor.
- leaving a copy at the office of the prosecutor with an associate or employee.

Name And Title Of Person With Whom Copy Left

- Service accepted by prosecutor.

Signature Of Person Accepting Service

Date Served

Signature Of Person Serving

Title

ORDER ON REQUEST FOR RELIEF

The defendant's request for relief from monetary obligation is:

- 1. Granted as indicated in the judgment or in the order below.
- 2. Denied.

ORDER (INITIAL SENTENCING)

After notice and an opportunity to be heard and make objection by any directly affected government entity, the Court:

- 1. **Waives** the following costs:

<input type="checkbox"/> All costs , excluding any G.S. 7A-455.1 attorney appointment fee.	<input type="checkbox"/> GCJF <input type="checkbox"/> Facilities Fee <input type="checkbox"/> Telecom/Data Fee <input type="checkbox"/> LEO Retirement Fee <input type="checkbox"/> LEO Training Fee <input type="checkbox"/> DNA Fee <input type="checkbox"/> Community Service Fee* *NOTE: There is ambiguity as to whether this fee may be waived.	<input type="checkbox"/> Arrest/Process Fee <input type="checkbox"/> Chapter 20 Fee <input type="checkbox"/> Improper Equipment Fee <input type="checkbox"/> Impaired Driving Fee <input type="checkbox"/> Pretrial Jail Fee <input type="checkbox"/> Pretrial Release Services Fee <input type="checkbox"/> Blood Test (Parentage) Fee <input type="checkbox"/> Witness Fee	<input type="checkbox"/> Lab/Hosp. Fee (Non-Digital Forensics) <input type="checkbox"/> Lab Fee (Digital Forensics) <input type="checkbox"/> Lab/Hospital Expert Witness Fee <input type="checkbox"/> Installment Setup Fee <input type="checkbox"/> Failure To Appear Fee <input type="checkbox"/> Failure To Comply Fee
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- 2. **Reduces** the following costs to the amount indicated below:

<input type="checkbox"/> State Crime Lab (Non-Digital Forensics)	\$ _____	<input type="checkbox"/> State Lab Expert Witness	\$ _____
<input type="checkbox"/> Local Lab (Non-Digital Forensics)	\$ _____	<input type="checkbox"/> Local Lab Expert Witness	\$ _____
<input type="checkbox"/> Private Hospital Toxicology	\$ _____	<input type="checkbox"/> Private Hospital Expert Witness	\$ _____

- 3. In support of the waivers or reductions noted above, the Court finds just cause for that result in that the defendant:

Has no present ability to pay the monetary obligations indicated above.

Other: _____

For good cause and upon motion of the defendant, the defendant is exempted from *(select all that apply)*

- 1. **Probation supervision fees** under G.S. 15A-1343(c1).
- 2. **Electronic monitoring device fees** under G.S. 15A-1343(c2).
- 3. **Satellite-based monitoring fees** under G.S. 14-208.45.

(Over)

ORDER (LATER ACTION)

Upon petition of the defendant, a prosecutor, and after notice and an opportunity to be heard and make objection by any directly affected government entity, the Court:

1. **Remits** or **reduces** the following **costs** as indicated below:

	REMIT	DESCRIPTION	REDUCE TO	REMIT	DESCRIPTION	REDUCE TO
<input type="checkbox"/> Remits the balance of all costs and fees , excluding any G.S. 7A-455.1 attorney appointment fee.	<input type="checkbox"/>	GCJF	\$ _____	<input type="checkbox"/>	Pretrial Jail Fee	\$ _____
	<input type="checkbox"/>	Facilities Fee	\$ _____	<input type="checkbox"/>	Probation Jail Fee	\$ _____
	<input type="checkbox"/>	Telecom/Data Fee	\$ _____	<input type="checkbox"/>	Pretrial Release Fee	\$ _____
	<input type="checkbox"/>	LEO Retirement Fee	\$ _____	<input type="checkbox"/>	Lab/Hospital Fee	\$ _____
	<input type="checkbox"/>	LEO Training Fee	\$ _____	<input type="checkbox"/>	Lab Fee (Digital Forensics)	\$ _____
	<input type="checkbox"/>	DNA Fee	\$ _____	<input type="checkbox"/>	Lab/Hosp. Expert Witness Fee	\$ _____
	<input type="checkbox"/>	Arrest/Process Fee	\$ _____	<input type="checkbox"/>	Installment Setup Fee	\$ _____
	<input type="checkbox"/>	Chapter 20 Fee	\$ _____	<input type="checkbox"/>	Failure To Appear Fee	\$ _____
	<input type="checkbox"/>	Improper Equipment Fee	\$ _____	<input type="checkbox"/>	Failure To Comply Fee	\$ _____
	<input type="checkbox"/>	Impaired Driving Fee	\$ _____	<input type="checkbox"/>	Witness Fee	\$ _____
	<input type="checkbox"/>	EHA Fee	\$ _____	<input type="checkbox"/>	Probation Supervision Fee	\$ _____
	<input type="checkbox"/>	SBM Fee	\$ _____	<input type="checkbox"/>	Blood Test (Parentage) Fee	\$ _____

2. **Remits** the balance of the **fine** imposed in this case.

3. **Reduces** the **fine** imposed in this case to \$ _____.

4. The defendant is allowed additional time to pay costs and/or fines as follows:

Restitution. After notice and an opportunity to be heard by the district attorney, the victim, the victim's estate, and any other entity to which restitution is owed, the court finds that remission of restitution is warranted and serves the interests of justice and:

Remits the balance of restitution in full.

Remits the balance of restitution in part as follows:

ADDITIONAL ORDERS

1. **License Revocation.** The defendant has demonstrated to the Court under G.S. 20-24.1(b) that the failure to pay a penalty, fine, or costs was not willful and that he or she is making a good faith effort to pay or that the penalty, fine, or costs should be remitted.

2. **Failure to Appear.** The Court strikes the Failure to Appear fee under G.S. 7A-304(a)(6) upon a showing that the defendant failed to appear because an error or omission of a judicial official, prosecutor, or law enforcement officer.

3. Other:

CIVIL JUDGMENT

NOTE: Civil judgments for **attorney fees** and the **attorney appointment fee** are ordered through the Trial Level Fee Application (AOC-CR-225) and should not be entered again on this Order. Civil judgments for **restitution** are entered on the Restitution Worksheet (AOC-CR-611) or Restitution Update Worksheet (AOC-CR-612) and should not be entered on this Order.

1. In response to the defendant's default in the payment of **costs**, the Court orders a judgment for costs docketed as a lien on the defendant's real estate under G.S. 15A-1365. (**NOTE:** No interest accrues on judgments for costs. G.S. 24-5.)

2. In response to the defendant's default in the payment of **finest**, the Court orders a judgment for fines docketed as a lien on the defendant's real estate under G.S. 15A-1365. (**NOTE:** Interest accrues on judgment for fines at 8 percent per year. G.S. 24-1.)

SIGNATURE OF JUDGE

Date	Name Of Presiding Judge (type or print)	Signature Of Presiding Judge
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