STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
☐ District ☐ Superior Court Division

STATE VERSUS

Name Of Defendant

Defendant's Telephone No. | *Defendant's Date Of Birth*

Defendant's Street Address ☐ I am homeless.

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

Name And Address Of Attorney ☐ I am self-represented.

Attorney's Telephone No.

ABILITY TO PAY WORKSHEET

Employment Income (per month) ☐ I am unemployed. *List employer(s):*	$
Other Income (per month) *Specify, including for example rental income, investment income, pension, spouse's income, and gifts and financial support from family:*	$
How many people, including yourself, does this income support?	
What is the total value of your cash on hand and in bank accounts?	$
What is the total value of all real property you own?	$
What is the total value of all major personal property you own (vehicles, jewelry)?	$
Rent/mortgage you pay monthly	$
Childcare/child support payments you pay monthly	$

(check all that apply)

I receive the following public assistance:

- ☐ TANF (Temporary Assistance for Needy Families)
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Disability Insurance (SSDI)
- ☐ SNAP/Food Stamps
- ☐ Veterans' Benefits

- ☐ I have been homeless in the past 6 months
- ☐ I have been incarcerated on an active sentence in the past 6 months
- ☐ I am under 18
- ☐ I am a full-time student

Use the space below to provide any additional information about other circumstances the court should consider when evaluating your ability to pay, such as a disability or illness, a change in work hours, or other support obligations or significant expenses:

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(Over)

REQUEST/MOTION

Based on the information presented above, I make the following request(s): *(check all that apply)*

☐ That the Court allow relief from all costs, fines, fees, and restitution, to the extent allowed by law.

☐ That I be given until at least _____ *(enter date)* to pay any imposed monetary obligation.

☐ A payment plan requiring a total money payment of no more than $ _____ per month.

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

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	*Date*	*Name Of Defendant (type or print)*
Date	*Name (type or print)*	*Signature Of Defendant*
☐ *Notary*	*Signature*	
SEAL	*Date Commission Expires*	*County Where Notarized*

☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*
☐ *District Court Judge* ☐ *Superior Court Judge* ☐ *Magistrate*

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of this Request was served on the date below upon the District Attorney for the above-captioned county by:

☐ hand delivery to *(name)* _____.

☐ leaving a copy with an employee of the District Attorney.

Name Of Person With Whom Copy Left (type or print)

☐ by depositing a copy in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the District Attorney's office.

☐ by email to the District Attorney at _____ *(email address)*.
NOTE: *Service by email upon counsel must be to an email address of record with the court. Service by email upon a party is permitted only if the party has consented to receive email service at a particular address, and that consent is filed with the court. Service by email* ***sent*** *after 5:00 PM Eastern Time on a regular business day will be deemed sent on the next business day.*

☐ by telefacsimile (fax) to the District Attorney's office at _____ *(fax number)*, as evidenced by fax receipt confirmation, attached. **NOTE:** *Service by fax* ***received*** *after 5:00 PM Eastern Time on a regular business day will be deemed completed on the next business day.*

☐ acceptance of service.

Date Service Accepted	*Name Of Person Accepting Service (type or print)*	*Signature*	*Title*

Date	*Name Of Person Serving (type or print)*	*Signature Of Person Serving*	☐ *Defendant* ☐ *Defendant's Attorney* ☐ *Other:* _____

ORDER ON REQUEST FOR RELIEF

NOTE TO COURT: *If this motion is made at or before sentencing and some relief is granted from monetary obligations that otherwise would be imposed in the judgment of conviction/responsibility, this ORDER should not be used to impose those obligations. Monetary obligations should be imposed in the actual judgment. Any findings or conclusions of law necessary to reduced or waived monetary obligations can be made (i) in the judgment or, (ii) if made here or on another instrument, incorporated in the judgment by reference.*

Having considered the record in the above-captioned case, the evidence presented, and any statements of the State and the defendant, the Court hereby finds based on the defendant's ability to pay that *(check one)*

☐ 1. the relief requested is not appropriate at this time. Any monetary obligations previously imposed in a judgment of the court remain in effect and as originally ordered.

☐ 2. there is good and just cause to grant the motion in whole or in part and therefore orders: *(Specify in the space below the substance of the relief granted and any additional findings and conclusions of law necessary to that relief.)*

See attached ☐ AOC-CR-305, ☐ Other: _____, incorporated herein by reference.

SIGNATURE OF JUDGE

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

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