

Virginia:

In the Circuit Court of the City of Richmond, John Marshall Courts Building

FORM MOTION TO SATISFY FINES AND COSTS
BY PERFORMING COMMUNITY SERVICE

Pursuant to §19.2-354 and §19.2-354.1 of the Code of Virginia

Commonwealth of Virginia,

v.

Full Name: _____,

Defendant.

Case Number(s) for the matters that resulted in the owed fines and costs:

COMES NOW the Defendant, *pro se*, and hereby moves this Honorable Court pursuant to §19.2-354(C) of the Code of Virginia to authorize the performance of community service hours at a 501 (c) 3 organization to defray the fines and costs assessed as owing in this matter or these matters under the terms of the Court's Community Service Plan established pursuant to §19.2-354(C).

The Defendant acknowledges receipt of the required Notice of Payment Alternatives for Fines and Costs which outlines the terms and conditions of the Court's Community Service Program. The Defendant further acknowledges that, to avoid default, the Office of the Clerk must be contacted by phone at (804)646-6553 to learn the status of this request.

Signature of Defendant.

Mailing address of Defendant.

Certificate of Mailing

I hereby certify that a true and exact copy of the forgoing motion was (circle one) hand-delivered/mailed first-class to the Office of the Commonwealth's Attorney at 400 N. 9th Street, Suite 100, Richmond, VA 23219 on this _____ day of _____ (month), _____ (year).

Signature of Defendant.

**PETITION FOR PAYMENT AGREEMENT
FOR FINES AND COSTS OR
REQUEST TO MODIFY EXISTING AGREEMENT**

Case No(s)

Commonwealth of Virginia VA. CODE §§ 19.2-354.1, 19.2-355

General District Court Circuit Court
 Juvenile and Domestic Relations District Court

CITY OR COUNTY

COURT ADDRESS

Commonwealth of Virginia v.
 DEFENDANT/JUVENILE

ADDRESS OF DEFENDANT/JUVENILE

SOCIAL SECURITY NO.

CITY

STATE

ZIP

TELEPHONE NO.

I respectfully ask the court to allow me to pay the fines, costs, forfeiture, restitution (if not otherwise ordered) and/or penalty owed of \$, plus any additional court-appointed attorney fee, if applicable,
 in periodic payments OR
 in one payment due in full on a future date
 and I shall try to make periodic payments until that future date AND/OR
 by doing community service work to earn credit for finest and costs only, if available.

I understand that I am required to make restitution payments if the judge ordered a separate payment schedule for restitution.

I respectfully ask the court to change my current payment agreement
 as my sole financial resource is a social security benefit or supplemental security income and I am exempt from making payments.
 for the following reasons:

Court Debt Owed in Other Courts:

I currently owe unpaid fines, costs, forfeiture, restitution, and/or penalty in other courts.
 I owe a total of \$ in those other courts. I do not know the total of unpaid court debt owed.
 I pay a total of \$ per month towards that unpaid court debt.
 I do not have unpaid court debt in other courts.

Financial Information:

The information provided to this court by defendant on Form DC-333, FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES, as previously submitted, is unchanged.

OR

This information is provided to this court below in support of this Petition or Request:

Public Assistance:

I currently receive the following type(s) of public assistance:
 TANF \$ Medicaid Supplemental Security Income \$
 SNAP (food stamps) \$ Other (specify type and amount)
 I do not receive public assistance.

Employment:

I am employed. I am not currently employed but I receive social security of \$ per month.
 I am not currently employed and it has been months since I was last employed.
Employer(s) Occupation

Defendant self-employed
Spouse self-employed

Number of Dependents

Household Net Income:

	<u>Defendant</u>	<u>Spouse</u>
Take-Home Pay (after taxes, etc.)	\$	\$
Pay Period (weekly, every 2 weeks, twice monthly, monthly)	\$	\$
Other Income Sources (specify)	\$	\$
Income Contribution of Dependents	\$	\$
TOTAL NET INCOME =		\$

Case No(s)

	<u>Defendant</u>	<u>Spouse</u>
Assets:		
Bank Accounts/Cash on Hand	\$	\$
Other Assets (specify)		
..... with a		
..... value of	\$	\$
Real Estate - \$	\$	\$
NET VALUE		
Motor Vehicles		
..... YEAR AND MAKE		
..... YEAR AND MAKE		
Other Personal Property: (describe)	\$	\$
.....		
TOTAL ASSETS =		\$

Debts Owed (amount paid per month):		
Car payment	\$	\$
Rent/mortgage payment	\$	\$
Credit card payments	\$	\$
Other monthly payments (not including court debt payments)	\$	\$
TOTAL MONTHLY DEBTS =		\$

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses)	\$
Court-ordered child support payments/alimony	\$
<input type="checkbox"/> deducted from paycheck <input type="checkbox"/> not deducted from paycheck	
Child-care payments (e.g. day care)	\$
Other (describe):	
.....	} \$
TOTAL EXCEPTIONAL EXPENSES	\$

THIS STATEMENT IS MADE UNDER OATH, ANY FALSE STATEMENT OF A MATERIAL FACT TO ANY QUESTIONS CONTAINED HEREIN SHALL CONSTITUTE PERJURY UNDER THE PROVISIONS OF VA. CODE § 18.2-434. THE MAXIMUM PENALTY FOR PERJURY IS CONFINEMENT IN THE STATE PENITENTIARY FOR A PERIOD OF TEN YEARS.

I hereby state that the above information is correct to the best of my knowledge.

.....	_____
DATE	DEFENDANT
Sworn to and signed before me this	
..... day of, 20	_____
	<input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK

FOR NOTARY PUBLIC'S USE ONLY:

State of City County of

Acknowledged, subscribed and sworn to before me this day of, 20

.....

NOTARY REGISTRATION NUMBER	NOTARY PUBLIC (My commission expires:))
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ORDER FOR REQUEST TO MODIFY EXISTING PAYMENT AGREEMENT

Upon request to modify an existing payment agreement,

the request is granted based upon a good faith showing of need, and the new payment agreement is set forth on form

DC-210, FINES AND COSTS PAYMENT AGREEMENT/ACKNOWLEDGMENT OF DRIVER'S LICENSE STATUS.

CC-1379, ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE/ORDER AND NOTICE OF DEFERRED PAYMENT OR INSTALLMENT PAYMENTS.

the request is denied, and the current payment agreement continues in full force and effect.

.....	_____
DATE	<input type="checkbox"/> JUDGE <input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK