

STATE OF NORTH CAROLINA

File No. _____

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

Name Of Defendant _____

MOTION FOR RELIEF FROM MONETARY OBLIGATIONS (POST-SENTENCING)

NOTE TO DEFENDANT: Use this form to present information about your ability to pay various monetary obligations, including costs, fines, fees, and restitution, and to request relief from those obligations at some time after your initial sentencing, such as a probation violation hearing, show cause hearing, or other review hearing.

Street address: _____ Name of Attorney (or Self-Represented) _____

I am homeless housing insecure (provide details): _____ Telephone number _____
 Date of birth _____

INCOME AND EXPENSES

MONTHLY INCOME

Employment income (per month)	\$ _____	_____
Employer(s) (If not employed, state reason):	_____	
Other income (rental income, pension, Social Security, etc.) (specify)	\$ _____	_____
This income supports me and _____ other people.	_____	

MONTHLY EXPENSES

Rent/mortgage (per month)	_____	\$ _____
Food/groceries	_____	\$ _____
Utilities (power, water, heating, phone, etc.)	_____	\$ _____
Health care/medications (include medical debt repayment)	_____	\$ _____
Car/transportation (include auto insurance)	_____	\$ _____
Child care/support payments	_____	\$ _____
Education (school tuition/fees)	_____	\$ _____
I am enrolled <input type="checkbox"/> full-time <input type="checkbox"/> _____ hours/week at:	_____	
Other debt (existing court debt, student loans, private loans, etc.) (specify)	_____	\$ _____
Taxes	_____	\$ _____
Other (specify)	_____	\$ _____

ADDITIONAL INFORMATION

I receive the following public assistance:

TANF (Temporary Assistance for Needy Families) Other (specify): _____

Supplemental Security Income (SSI) _____

Social Security Disability Insurance (SSDI) _____

SNAP/Food Stamps _____

Medicaid _____

Veterans' Benefits _____

ADDITIONAL INFORMATION (CONT.)

Use this space to provide any additional information about other financial hardships you would like the court to consider, such as a recent illness, term of incarceration, or change in work hours, or other consequences you would face if the court did not grant your request for relief. Include information about circumstances that may have changed since the court first imposed the obligation to pay.

REQUEST FOR RELIEF

COSTS AND FEES

Based on the information presented above, the defendant: *(select all that apply)*

<input type="checkbox"/> Requests that the court remit the balance of <u>all</u> COURT COSTS and FEES	<input type="checkbox"/> Requests that the court remit the balance of the following COURT COSTS and FEES: _____ _____ _____
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- Moves that the court exempt the defendant from further PROBATION SUPERVISION FEES (\$40/month).
- Moves that the court exempt the defendant from further ELECTRONIC MONITORING DEVICE FEES (\$4.48/day).

FINE/PENALTY

Based on the information presented above, the defendant requests that the court:

<input type="checkbox"/> Remit the balance of <u>all</u> FINES/PENALTIES.	<input type="checkbox"/> Reduce the balance of the FINE/PENALTY to no more than \$_____.
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RESTITUTION

Based on the information presented above, the defendant requests that the court:

<input type="checkbox"/> Remit the balance of <u>all</u> RESTITUTION.	<input type="checkbox"/> Reduce the balance of RESTITUTION to no more than \$_____.
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GENERAL

- The defendant requests that the court allow until at least _____ (month/day/year) to pay any imposed monetary obligations.
- The defendant requests a payment plan requiring payment of no more than \$ _____ / month.
- The defendant requests community service in lieu of monetary payments.

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

<i>Date</i>	<i>Signature</i>	<i>Printed Name</i>
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CERTIFICATE OF SERVICE

I certify that a copy of this motion was served on the prosecutor by:

- delivering a copy personally to the prosecutor.
- U.S. Mail.
- leaving a copy at the office of the District Attorney with _____
(enter name and title), an associate or employee of the office.

<i>Signature of Person Accepting Service</i>	<i>Date Served</i>
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