

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 (SENTENCING)

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 full-time _____ 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.)	
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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.

	REQUEST FOR RELIEF	
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COSTS AND FEES		
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Based on the information presented above, the defendant: *(select all that apply)*

<input type="checkbox"/> Requests that the court waive all COURT COSTS.	<input type="checkbox"/> Requests that the court waive the following COURT COSTS: _____ _____ _____
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- Moves that the court exempt the defendant from PROBATION SUPERVISION FEES (\$40/month).
- Moves that the court exempt the defendant from ELECTRONIC MONITORING DEVICE FEES (\$90 setup and \$4.48/day).
- Moves that the court exempt the defendant from the SATELLITE-BASED MONITORING FEE (sex offenders) (\$90).
- Requests that the court waive the COMMUNITY SERVICE FEE (\$250).

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

<input type="checkbox"/> Impose no FINE/PENALTY.	<input type="checkbox"/> Impose a FINE/PENALTY of no more than \$_____.
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RESTITUTION		
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Based on the information presented above, the defendant requests that the court:

<input type="checkbox"/> Impose no RESTITUTION.	<input type="checkbox"/> Impose partial RESTITUTION of no more than \$_____.
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GENERAL		
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- 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	
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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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