REQUEST FOR RECONSIDERATION OF ABILITY TO PAY

IF AT ANY TIME WHILE YOU ARE ON COMMUNITY SUPERVISION YOUR ABILITY TO PAY ANY FINE, FEE, PROGRAM COST, OR OTHER PAYMENT ORDERED BY THE COURT, OTHER THAN RESTITUTION, CHANGES AND YOU CANNOT AFFORD TO PAY, YOU HAVE THE RIGHT TO REQUEST THAT THE COURT REVIEW YOUR PAYMENTS AND CONSIDER CHANGING OR WAIVING YOUR PAYMENTS. YOU CAN USE THIS FORM TO MAKE A REQUEST FOR A CHANGE IN YOUR PAYMENTS. YOU CANNOT USE THIS FORM TO REQUEST A CHANGE IN RESTITUTION PAYMENTS.

(1)	
Date	
The Honorable	
c/o Clerk of the Court	
Re: Criminal Cause No	(4) (Case No.)
To the Honorable Court,	
reconsider my ability to make the this case, including but not limited monthly supervision fee required Procedure, fine, reimbursement costost, service cost, counseling cost	court to required payments, excluding restitution, in to the payment of any fee, including the under Article 42A.652, Code of Criminal st, court cost, rehabilitation cost, program t, ignition interlock cost, assessment cost, tment cost. Currently, I am required to make
or income to make required payme	I no longer have or had sufficient resources rits. Consequently, I am behind in payments currently, I can afford to pay only \$
	ast considered my ability to pay on ne court's consideration, my financial status
	a way that my ability to make a payment is

or has been substantially hindered by one or more of the following reasons indicated on Exhibit A, which is attached.

information in Exh My name is My address is Defendant's Signature	Street (16) signed on _	//(1	City State Zip 7) in(18) Columbia County Name	
My name is	Street		City State Zip	Code
My name is			<u> </u>	
			(14).	
	libit A, is true and	I correct.		
I declare i	•		at the foregoing, i	ncluding the
	Defenda	ant's Declara	tion	
			Defendant's Signature	(13)
			. ,	
			Respectfully subm	itted,
I □have	□have not notifie	ed my super	vision officer of this	request. (12)
WHEREFORE	, I pray the court	will grant m	y request.	117.
				(11).
request the cour	-			. ,
			bination of the afo s or ability to pay,	
-		•	full, discharged by	
provided under Apportion of the pa	Article 42A.655(f), ayment should be	which includ paid at a la	es determining whe ater date or in a le	ther all or a sser amount
			ated in Exhibit A, I sfied by an alterna	respectfully
				(10).
	TI CAIGUS TOT THAINT	ig all additio	nat request because	9
compelling reaso	n exists for makin	a an additio	nal request because	
month period, or	if I have, I am as	sking the cou	onsideration within art to find that a sul	bstantial and

Exhibit A

Cause No
Following the court's initial or last determination of my ability to pay, nability to make a payment has been substantially hindered by one or more the following:
\square loss of employment on, $^{(2)}$ \square loss of income in the amount of \$ on due to
loss of a public benefit or government entitlement in the amount of \$
loss of residence or place to live (if residing with a family member) on
□ loss or lack of transportation as of, (6) □ loss of real estate or personal property in the amount of \$ (7) □ a court entered an order withholding my wages in the amount of
\$on (attach a copy of the court's order), ® ☐ I begin paying child support in the amount of \$ on
proof of payments), my child support payments increased from \$ to \$ on
my mortgage or rent payment increased from \$ to \$ or (Attach proof of mortgage or rental agreement), (11)
additional expenses have been incurred in the amount of \$ for medical, dental, or other reason. List the additional expenses incurred (Attach proof of such expenses), (12)
my number of dependents increased from to on, (13)
☐ I was incarcerated or in custody at for days, (14) ☐ there are limitations on my ability to work or earn money, such as
☐ I am unable to pay for the following other reasons: