

## 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 \_\_\_\_\_ (2) (Name of Judge)

\_\_\_\_\_ (3) (Name of Court)

c/o Clerk of the Court

Re: Criminal Cause No. \_\_\_\_\_ (4) (Case No.)

To the Honorable Court,

I, \_\_\_\_\_ (5), respectfully request the court to reconsider my ability to make the required payments, excluding restitution, in this case, including but not limited to the payment of any fee, including the monthly supervision fee required under Article 42A.652, Code of Criminal Procedure, fine, reimbursement cost, court cost, rehabilitation cost, program cost, service cost, counseling cost, ignition interlock cost, assessment cost, testing cost, education cost, or treatment cost. Currently, I am required to make a total monthly payment of \$\_\_\_\_\_. (6)

As of \_\_\_\_\_ (7), I no longer have or had sufficient resources or income to make required payments. Consequently, I am behind in payments by approximately \$\_\_\_\_\_, and currently, I can afford to pay only \$\_\_\_\_\_ per Day )

The court originally or last considered my ability to pay on \_\_\_\_\_ (9). Following the court's consideration, my financial status or ability to pay changed in such a way that my ability to make a payment is



## Exhibit A

Cause No. \_\_\_\_\_ (1)

Following the court's initial or last determination of my ability to pay, my ability to make a payment has been substantially hindered by one or more of the following:

- loss of employment on \_\_\_\_\_, (2)
- loss of income in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_ due to \_\_\_\_\_ (3),
- loss of a public benefit or government entitlement in the amount of \$ \_\_\_\_\_ (4),
- loss of residence or place to live (if residing with a family member) on \_\_\_\_\_, (5)
- 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), (8)
- I begin paying child support in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_ (9) (Attach the court's order of child support, if applicable, and proof of payments),
- my child support payments increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_ (10) (Attach the court's order of child support, if applicable, and proof of payments),
- my mortgage or rent payment increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_ (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 \_\_\_\_\_ when \_\_\_\_\_, (13)
- I was incarcerated or in custody at \_\_\_\_\_ for \_\_\_\_\_ days, (14)
- there are limitations on my ability to work or earn money, such as \_\_\_\_\_ (15), or
- I am unable to pay for the following other reasons:

(16).