

IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA

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THE STATE OF NEVADA

vs.

Plaintiff,

Defendant.

Case No. _____

**REQUEST FOR HEARING TO DETERMINE
ABILITY TO PAY FINES AND FEES**

In accordance with NRS 176.065 and 176.075, the Defendant in the above-entitled matter requests that a hearing be held to determine financial ability to pay the fines and fees ordered by the Court. A completed Financial Inquiry to Determine Eligibility to Pay Fines and Fees will be submitted to the Court at the time of the hearing.

Date

Defendant's Signature

Attorney's Signature

Address

Phone Number

ORDER

TO THE WITHIN-NAMED DEFENDANT: Pursuant to the above request, you are hereby directed to appear in the Virginia Township Justice Court, 26 South B Street, Second Floor, Virginia City, Nevada 89440 on:

_____, 20____, at _____, M.

BY: _____

Justice Court Clerk

Bring your completed Financial Inquiry form with you to the hearing. Scheduling of this hearing does not excuse you from making your payment. Failure to make scheduled payments may result in late charges and/or issuance of a bench warrant.

**IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA**

STATE OF NEVADA

Plaintiff,

Case No. _____

Versus

_____ Defendant.

**FINANCIAL INQUIRY TO DETERMINE
ELIGIBILITY TO CONVERT FINE/FEEES**

Instructions: You must bring this completed form to Court with you. The Judge will review the information during your hearing. Each line on this form must be completed. If a particular item does not apply, write "0" or "n/a."

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Including myself, there are _____ adults and _____ children in the household.

Name, age, and relationship of dependents you actually support:

Name	Age	Relationship

2. EMPLOYMENT INFORMATION:

Employer's Name: _____ Length of Employment: _____

Employer's Address: _____

Are you married? Yes No If yes, spouse employment information:

Employer's Name: _____ Length of Employment: _____

Employer's Address: _____

3. INCOME INFORMATION:

- a. State Supplemental Insurance Yes No
- b. Temporary Assistance for Needy Families Yes No
- c. Medicaid Yes No
- d. Food Stamp Assistance Yes No
- e. Low-Income Home Energy Assistance Yes No
- f. Benefits provided pursuant to any public welfare Program administered by the Division of Health Care Yes No

My monthly income, after taxes, is as follows:

a. Monthly income from employment _____ \$ _____

b.	Monthly income from social security unemployment benefits, workers' compensation, child support, welfare, social services, etc.	\$ _____
c.	Monthly income from any other household member	\$ _____
d.	Other income: (explain)	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL MONTHLY INCOME:	\$ _____

4. My monthly **expenses** are as follows:

a.	Rent/mortgage	\$ _____
b.	Phone, gas, electricity and other utilities	\$ _____
c.	Food	\$ _____
d.	Child care and/or child support paid to someone else	\$ _____
e.	Insurance	\$ _____
f.	Medical	\$ _____
g.	Transportation	\$ _____
h.	Other expenses (explain):	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL MONTHLY EXPENSES:	\$ _____

4. **ASSETS:**

Do you own any automobiles/motorcycles/RVs/ATVs/watercraft/trailers? Yes No

Type	Year	Make	Model	Amt Owed	Value (Equity)
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

Do you own your home or any other real estate? Yes No

Address	Amt. Owed	Value (Equity)
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Do you have a bank account? Yes No

Bank Name	Branch Location	Checking or Savings	\$
			\$ _____
			\$ _____
			\$ _____
TOTAL ASSETS:			\$ _____

Signature of Defendant

Date

Instructions to Court Clerk: This form is to be filed as "Confidential."