



YOU MUST COMPLETE AND SUBMIT THIS FINANCIAL DISCLOSURE REPORT FOR THE COURT TO DETERMINE YOUR PAYMENT PLAN AMOUNT.

Instructions

Complete all fields below. Bring, mail, or email the completed form to the court listed in your traffic ticket. You can find the court's mailing address using the Court Locator at: <https://dmv.ny.gov/table/Traffic-Courts-in-New-York-State>.

SECTION 1: PERSONAL INFORMATION

Name (Last, First, MI)									
NY Driver License ID No.								Date of Birth (Month/Day/Year)	
CURRENT MAILING ADDRESS									
Street								Apt. No.	
City						State		Zip Code	
E-mail Address								Daytime Phone Number	

SECTION 2: REASON FOR SUBMITTING FINANCIAL DISCLOSURE REPORT

I want to:

- ☐ Request a monthly payment plan
- ☐ Change my monthly payment plan amount

SECTION 3: TICKETS

List all ticket numbers filed against you in this court.

Ticket Number	Ticket Number

SECTION 4: FINANCIAL DISCLOSURE

Part 1 - Total Monthly Income (Enter your "take-home" income after the income taxes are taken out. Include income from all sources, such as wages, tips, dividends, rental income, public assistance, etc.)

Total Monthly Income Amount
\$

SECTION 4: FINANCIAL DISCLOSURE (CONTINUED)

Part 2 - Monthly Expenses (List each of your monthly expenses, such as wage garnishments, child support, spousal maintenance, other court-ordered payments, etc. Enter the amount of each expense. Please note, allowable expenses are subject to court approval.)

Expenses	Expense Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Part 3 - Total Monthly Expenses (Add the monthly expenses you listed in Part 2 and enter your total monthly expenses.)

Total Monthly Expenses Amount
\$

SECTION 5: SIGNATURE OF APPLICANT

Sign your name and write the date you signed this form.

Signature **X** _____ Date _____

FOR COURT USE ONLY DO NOT WRITE BELOW THIS LINE

Total Monthly Income Amount Total Court-Approved Expenses 2% of Adjusted Net Monthly Income
(\$ _____ - \$ _____) x .02 = \$ _____

The court hereby sets the following monthly installment payment plan amount:

☐ \$25 per month

☐ Up to 2% of the applicant's adjusted net monthly income in the amount of: \$ _____

SO ORDERED:

Date _____

X

(Judge or Hearing Officer Signature)