	IN THE	COUNTY COURT, NEBRASKA
	(Name of Coun	ty)
THE STATE (	OF NEBRASKA,	) CASE NO
Plaintiff,		) ) REQUEST TO DISCHARGE OR ) ORDER ALTERNATIVE TO ) PAYMENT OF FINES AND COSTS
v.		)
Your Full Na	, me)	)
Defendant.		) ) )
I am re	equesting the Court conduct	a hearing and to either discharge the payment of fines
or costs, or to	order alternative arrangemer	nts, under the authority of Neb. Rev. Stat. §§ 29-
2206(c) and/or	r 29-2412(c) (Amended 2017	7).
In supp	oort of my request, I swear u	nder penalty of perjury as follows:
1. I am ui	nable to pay the fines or cost	s that I owe in this case without harming my
financi	al ability to provide econom	ic necessities for myself or my family.
2. My mo	onthly sources of income are	as follows:
a.	Amount of money earned th	nrough work/employment\$
b.	(including food stamps (SNA (SSI), Aid to the Aged, Blind Assistance to Needy Familia	n from government assistance programs AP), Supplemental Security Income d and Disabled, Temporary es (TANF), General Assistance
c.	Other Income (specify)	\$
3. The va	lue of my current goods/valu	uables/belongings are as follows:
a.	Cash in your possession	\$
b.	Money in bank accounts	\$

	c.	Value of property or real estate	\$			
	d.	Value of any cars you own	\$			
4.	My cu	rrent monthly debt consists of:				
	a.	Rent not covered by housing subsidies	\$			
	b.	Electricity, gas, and water not covered by energy assistance benefits.	\$			
	c.	Food purchased without food stamps or food assistance	\$			
	d.	Automobile loan payments	\$			
		Balance of loan:	\$			
	e.	Court-ordered child support	\$			
	f.	Clothing and other bills (may include phone bills, car insurance, gasoline, transportation costs, laundry, student loans, payday loans, and credit card bills)	\$			
5.	. I understand the Court could order me to make installment payments toward any fines or					
	costs i	mposed. Regarding my ability to pay, I hereby state that I (c	hoose one):			
	a.	☐ Can pay <u>\$</u> per month towards my fines or cost	s.			
	b.	☐ Cannot pay any amount towards my fines or costs withou	at harming my			
		financial ability to provide economic necessities for myself	or my family.			
6.	. I understand the Court may also enter an Order requiring me to perform community					
	service	e instead of paying a fine. I ( <i>choose one</i> ) $\square$ have $\square$ have not	been determined to			
	be disa	abled in a way that might affect my ability to perform commu	unity service.			
7.	I (choose one) $\square$ do $\square$ do not request that an attorney be provided at no cost for					
	purposes of this request.					
	I hereby declare under penalty of perjury the above information is true and correct.					

Dated this	day of	, 20	
			Defendant (Your) Signature