

Statewide Traffic Tickets/Infractions Amnesty Program
October 1, 2015 to March 31, 2017

Participation Form

Date: _____ Driver's License #: _____ State: _____
Name: _____ Email: _____
Current Address: _____
Contact Numbers Home: _____ Mobile: _____ Work: _____
 I may be contacted via text message

I am seeking (select one or both) Reduction in eligible unpaid bail/fines/fees Driver's license reinstatement

In order to be eligible for a reduction in my unpaid bail/fines/fees, I declare all of the following are true:

- I do not owe restitution to a victim within the county where the violation occurred.
- I do not have any outstanding misdemeanor or felony warrants in the county where the violation occurred.
- I made no payments to the court, county, or collecting entity for the eligible violation after September 30, 2015.

In order to be eligible for the restoration of my driver's license only, I declare one or both of the following is true:

- I have appeared and satisfied all my court-ordered obligations in this county.
- I am a person in good standing and making payments to a comprehensive collections program on eligible violations.

By signing below, I affirm that I understand each of the following:

- I must pay the reduced balance owed in full at this time or comply with terms of the approved payment plan.
- I will be responsible for an amnesty program fee of \$50 in order to participate.
- If I stop making payments on my amnesty case, the remaining balance may be referred to the Franchise Tax Board or a third party for collection.
- If my case is determined ineligible at a later time, I will be responsible for payment of the re-adjusted or full amount. (See reverse for details.)

Complete either Section A or B as directed:

A. I certify that I receive the following public assistance (*check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income/SSI | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> County relief, general relief, or general assistance | <input type="checkbox"/> In-Home Supportive Services (IHSS) |
| <input type="checkbox"/> State Supplementary Payment/SSP | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program) |
| <input type="checkbox"/> Medi-Cal | |

B. I certify the following:

My total gross monthly household income is \$_____ and a total of ____ dependents live in the household.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that if I provide incorrect or inaccurate information, the debt reduction amount may change and I will be responsible for payment of the re-adjusted or full amount.

Signature _____

Date _____

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 Sample Participation Form**

PLEASE NOTE THE FOLLOWING:

Are you eligible for an amnesty reduction?

If, after this form is submitted, the court/county/collecting entity discovers you are not eligible for amnesty because you have 1 or more outstanding warrants or owe victim restitution you will be notified that your Amnesty request is being suspended. You will then have 20 business days to provide written proof to the court/county/collecting entity that the outstanding warrant(s) and/or victim restitution issues have been resolved. If you do not provide written proof of eligibility, your case(s) will be retroactively removed from the amnesty program and any amount you have paid will be credited toward your revised outstanding debt.

FOR USE ONLY BY ENTITY ADMINISTERING THE AMNESTY PROGRAM

The County of _____ OR the Superior Court of _____ County (or designated agent) has verbally verified case eligibility for the amnesty program and has determined the following:

Case Number	Citation Due Date	50% Reduction	80% Reduction	DL Reinstatement	Not Eligible	Current CA Amount	Current Fine Amount

Warrant Number	Warrant Issued Date	Court Location

Restitution information: _____

Reviewed by: _____

I promise to pay the total fine of \$_____. I agree to make payments on this case in the amount of \$_____ per month. Payments are due on or before the _____ day of each month, starting _____. Thereafter, I promise to pay the monthly amount on or before the due date until the remaining balance is paid in full. Failure to pay the fine as indicated here will result in my case(s) being referred to the Franchise Tax Board or a collection agency for collection action. **There is no grace period for late payment.**

Signature: _____

Date: _____