

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

Date: _____ Driver's License Number: _____ State: _____
Name: _____ E-mail: _____
Current Address: _____
Contact Number(s): Home: _____ Mobile: _____ Work: _____

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 June 24, 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 may 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 may 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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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 be required to provide written proof to the court/county/collecting entity that the outstanding warrant(s) and/or victim restitution issues have been resolved.

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:

Citation Number	Citation Due Date	50% Reduction	80% Reduction	DL Reinstatement	Current CA Amount	Current Fine Amount

Warrant Number	Warrant Issued Date	Court Location

Restitution information: _____

Reviewed by: _____