

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS

891 Mountain Ranch Road, San Andreas, CA 95249

Telephone:(209) 754-9800; Web: www.calaveras.courts.ca.gov

Applicant:/Defendant (Name and Mailing Address) MUST BE LEGIBLE Telephone No. () -	Clerk's File Stamp
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People of the State of California Vs Defendant (insert name)	Case No: Application for Modification of Sentence (Ineligible for Amnesty Program Due to Post-1/1/09 Payment)
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I request the Court reduce the outstanding balance of the fine in this matter by 50% due to my inability to pay the full amount owed. As part of the application, declare the following statements are true:

- I do not owe restitution to any victim restitution on any case within Calaveras County
- There are no outstanding misdemeanor or felony warrants for my arrest in Calaveras County.
- The due for payment of the fine or bail was on or before January 1, 2009
- I made (either voluntarily or involuntarily) at least one payment after January 1, 2009

I am unable to pay the fine as ordered by the court for the following reasons

See reverse side for additional information supporting the application.

I understand:

- This request must be approved by a judge. If not approved, the total balance owed remains due and payable.
- If my case is in collections with the Franchise Tax Board (FTB), the account balance may not reflect all payments received. Any payments made prior to this request, which are not reflected in the outstanding balance used to calculate the reduced payment, will be refunded as an overpayment LESS the commission charged by the FTB for its services. The commission ranges from 13% to 17% of the amount collected.
- If my request is granted, I must pay the reduced payment within ten (10) days of the date the clerk mails the Order of the Court. If the Court does not receive my payment within ten (10) days, the order reducing the balance is automatically vacated and the total balance owed remains due and payable. No requests for an extension to pay will be considered.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Date: _____

Signature

ORDER OF THE COURT: IT IS HEREBY ORDERED the Application is:

- Denied.
- Set for hearing on _____ at _____ a.m./p.m. at 891 Mountain Ranch Road, San Andreas, CA .
- Granted. The balance of the fine owed is reduced to \$_____ on the condition the defendant pays this amount with ten (10) days of the date of mailing of this order. If the defendant fails to pay within this ten (10) day period, the order is vacated and the total balance owed remains due and payable.

Date: _____

Judge of the Superior Court

Certificate of Mailing

I hereby certify that I deposited in United States Mail, at San Andreas, California, first class postage pre-paid, in a sealed envelope, on the date indicated below, a copy of the foregoing document to the party named and whose address is indicated above, using normal business practices.

Date: _____

By: _____ Deputy