



SUPERIOR COURT OF CALIFORNIA
COUNTY OF CALAVERAS
400 Government Center Drive
San Andreas, CA 95249
INFRACTIONS ONLY
DECLARATION / ABILITY TO PAY

Case Number: _____	
Clerk fills out this box	
<input type="checkbox"/> FTA/FTP	
<input type="checkbox"/> A Traffic School Certificate was filed	
\$ _____	_____
Amount ordered	Due date
\$ _____	_____
Amount paid	Date paid
Balance due \$ _____	
<input type="checkbox"/> Civil Assessment Imposed	

If you have more than one case, use one form for each case.

1. Your Information:

Name: _____
Street or Mailing Address: _____
City: _____ State: _____ Zip: _____
Tel.: _____ Date of Birth: _____
E-mail (optional): _____

2. What kind of help do you want from the court? (Check all that apply to your request)

- | | | |
|---|--|---|
| <input type="checkbox"/> a. Lower the fine | <input type="checkbox"/> a. Community Service | <input type="checkbox"/> g. Accept Proof of Correction |
| <input type="checkbox"/> b. Reduce monthly payment | (Requires a \$30 fee) | <input type="checkbox"/> h. Set aside Civil Assessment |
| <input type="checkbox"/> c. Payment Plan | <input type="checkbox"/> e. Ask for a Court Date | <input type="checkbox"/> i. Release DMV License Hold (Abstract) |
| (Requires a \$30 fee) | <input type="checkbox"/> f. Other (specify): _____ | |

3. Can you afford to pay?

- Yes (Skip Section 4 and complete Sections 5, 6 and 7)
 No (If you check this box, you must also fill out Sections 4, 5*, 6, and 7)

4. Public Benefits - Check any benefits listed below that you are receiving now.

If you do not receive benefits, go to the next question.

- Medi-Cal CalFresh/WIC CalWORKs CAPI a SSI/SSP a Low-Income Veterans Pension Tribal TANF
 Refugee Cash Assistance General Assistance Extended Foster Care IHSS Other need-based help (specify): _____

Important! Attach a copy of any document that proves you are getting the benefits you checked.

5. Household Income * (skip this section if you checked any public benefits in Item 4)

Monthly income \$ _____ Number of people in household: _____

Important! Attach a copy of any document(s) that proves the amount of gross-monthly income (before tax deductions) for your household. In Item 6, provide any details or special circumstances you want the court to consider.

Applicant's Name: _____

Case Number: _____

6. Describe your Request

Please explain the reason for your request and any details or special circumstances you want the court to consider. (Attach more pages if you need more space.)

7. Read and sign below

I declare under penalty of perjury under the laws of the State of the California that the information I have provided on this form is true and correct.

Date: _____

 _____
Applicant signs here

For Court Use Only	
Court's Decision	
<input type="checkbox"/>	Granted as to letter(s): _____
<input type="checkbox"/>	Denied as to letter(s): _____
<input type="checkbox"/>	Deadline to Pay Extended: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 months <input type="checkbox"/> Other _____
<input type="checkbox"/>	Fine reduced to: _____
<input type="checkbox"/>	Other Orders: _____

Date: _____	_____
	JUDICIAL OFFICER

Submitted by: _____
Clerk Name