

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS

400 Government Center Drive

San Andreas, CA 95249

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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**Application for Modification of Sentence
or to Vacate Civil Assessment**

People of the State of California vs Defendant (insert name)	Case No:
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- I am providing proof of correction (attached) and requesting reduction of the fine (infractions only).
- I am unable to pay the fine as ordered by the court for the reasons set forth in the space below and I am requesting to pay the fine in installments, I can pay \$_____ per month. (Agreement to Pay and Forfeit Bail will be mailed) (Infractions only).
 - to be allowed to perform community service in lieu of payment of the fine.
 - an extension of time to pay the fine for _____ days.
- I am requesting the civil assessment be set aside. The following is an explanation for my failure to appear, pay the fine or contact the court by the due date. (Check the appropriate box and give a detailed explanation with attached documented proof to support your request.)
 - Hospitalization
 - Incarceration
 - Out of State Military Duty

See attached additional information supporting the application.

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:

- Granted as requested.
- Granted on the following conditions:

- Denied.
- Set for hearing on _____ at _____ at 400 Government Center Drive, San Andreas, CA 95249
- Other _____

- Certificate of completion of traffic school is due _____. You may view a list of traffic schools at <https://www.dmv.ca.gov/oling2/welcome.do> .

Date: _____

Judicial Officer

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

Case Number:

Clerk fills out this box

- FTA/FTP Misd/Inf
- A Traffic School Certificate was filed

\$ _____

Amount ordered Due date

\$ _____

Amount paid Date paid

Balance due \$ _____

- Civil Assessment Imposed