

**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: _____
Case Number: _____ Social Security Number: _____

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 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.)
- Cash or Money Order Only

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.

Date _____

Signature _____

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PLEASE NOTE THE FOLLOWING:

Are you eligible for the 50% amnesty reduction?

If, after this form is submitted, the court discovers you are not eligible for amnesty because you have 1 or more outstanding warrants or owe victim restitution in this county, you shall be notified within 5 business days that your form is being suspended. You will then have 20 business days to bring written proof to the court that the outstanding warrant(s) and/or victim restitution issues have been addressed. On the 21st business day, or earlier if the information you provide does not demonstrate you are eligible for amnesty, the court will retroactively cancel the amnesty program, restore previously reduced court-ordered amounts, and credit any paid amounts toward your revised outstanding debt. The court will send you notice of this action to the address indicated on this document.

Are you eligible for the 80% amnesty reduction?

If, after this form is submitted, the court discovers you are not eligible for the 80 percent reduction in bail/fines/fees because you are not receiving public assistance as listed or because your household income is not at or below 125 percent of the federal poverty rate, you shall be notified within 5 business days that your amnesty discount will be revised. You will then have 20 business days to bring written proof to the court that you do receive the specified public assistance or that your income is not at or below 125 percent of the federal poverty rate for your household. On the 21st business day, or earlier if the information you provide does not demonstrate that you are eligible for the 80 percent discount, the court will determine whether to revise the discount, if you are eligible, to 50 percent of the amount owed for court-ordered debt or impose the full amount as discussed above and credit any paid amounts toward your revised outstanding debt. The court will send you notice of this action to the address indicated on this document.

FOR USE ONLY BY ENTITY ADMINISTERING THE AMNESTY PROGRAM

The Superior Court of San Benito County has verbally verified case eligibility for the amnesty program and has determined the following:

Case Number: _____	Eligible for:	
50% reduction _____		Full Payment _____
80% reduction _____		Payment Plan _____
Driver's License Reinstatement _____		

Original outstanding balance: \$ _____ Amnesty amount now due: \$ _____

Certified by Clerk: _____

PAYMENT PLAN

I agree to pay the reduced amnesty amount of \$ _____ as follows: **\$50.00 Amnesty Participation Fee to be paid immediately** and installments of at least \$ _____ due each month starting _____ and by the _____ day of each month. Total fine is to be paid in full by _____.

By signing below, I declare that I have read, understand and accept the terms of the payment plan.

Date: _____

Signature: _____