

Superior Court of California, San Luis Obispo
Traffic Tickets/Infractions Amnesty Program - Vehicle Code section 42008.8
October 1, 2015 to March 31, 2017

Date: _____ Driver's License Number: _____
Name: _____ Email: _____
Current Address: _____
Contact Number(s): Home: _____ Mobile: _____ Work: _____

I am seeking: a **Reduction** of eligible unpaid fines and/ or Driver's License **Reinstatement**

For the fine reduction and license reinstatement, I declare 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 within the county the violation occurred.
- I have not** made payments after September 30, 2015 to the court or their collection agency for the eligible violation which was **due prior to January 1, 2013.**

OR, for the Driver's License Reinstatement Only,

- I have made a payment** since September 30, 2015 on an amnesty eligible case **or** I am current with my payments to the court or their collection agency for tickets due after January 1, 2013.
- I have** appeared and satisfied all my court-ordered obligations in this county.

I understand each of the following: *(all three boxes must be check marked).*

- I must pay the reduced balance owed in full at this time or comply with terms of the approved payment plan.
- I understand that I am responsible for an Amnesty Program fee of \$50.
- I understand if I default or stop making payments on my amnesty case, the remaining balance will be subject to further collection efforts by the court's collection agency or may be referred to the Franchise Tax board.

Please complete either Section A or B only if a Fine Reduction is requested:

A. I receive the following public assistance (include all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Security Income/SSI | <input type="checkbox"/> County Relief, General Relief, or General Assistance |
| <input type="checkbox"/> State Supplementary Payment/SSP | <input type="checkbox"/> CalWORKS |
| <input type="checkbox"/> Tribal Temporary Assistance (TANF) | <input type="checkbox"/> Cash Assistance Program / CAPI |
| <input type="checkbox"/> California Food Assistance Program or SNAP | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> None of these apply |

B. *Or*, if you believe your household income is less than 125% of the federal poverty level, please certify below:

My total gross monthly household income is \$ _____ and _____ dependents live in the household.

ALL APPLICANTS MUST SIGN BELOW

I understand that participation in the Amnesty Program results in a conviction on these charges and waives my right to appear in court. 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 if I do not provide correct information to determine the level of debt reduction, I may be responsible for the adjusted amount.

Signature _____

Date _____

COLLECTION PROGRAM USE ONLY

Case number:	With GCS: Y / N	Current Balance:
Original Citation due date:	Payments Current w/GCS: Y / N	Amnesty Balance:
Warrants: Y / N	Restitution: Y / N	Fee Added: Y / N

_____50% reduction _____80% reduction _____Full Payment _____Payment Plan _____DL Reinst only _____Rejected

Certified by: _____

Date: _____