

<input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF INYO COLLECTIONS 301 WEST LINE STREET BISHOP, CA 93514 (760) 872-3038	FOR COURT USE ONLY
AMNESTY PARTICIPATION FORM	

**Statewide Traffic Tickets/Infractions Amnesty Program (VC 42008.8)
 October 1, 2015 to March 31, 2017**

Date: _____ Driver's License Number: _____

Name: _____ e-mail address: _____

Mailing Address: _____

Phone Number(s): Home: _____ Mobile: _____

CASE OR CITATION NUMBER: _____

I am seeking reduction in eligible unpaid bail/fines/fees *and/or* driver's license reinstatement

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 within the county the violation occurred.
- I am not currently making payments to the court for the eligible violation (applies to amnesty reduction option only).

I understand each of the following:

- I must pay the reduced balance owed in full at this time or comply with terms of the court-approved payment plan.
- I understand that I am responsible for a program fee of \$50 to be paid with my first payment, if I qualify for amnesty or if my driver's license is reinstated.
- I understand that if I default or stop making payments on my amnesty case, the remaining balance may be referred to the Franchise Tax Board or a third party for further collections.

Complete either Section A or B as directed:

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

- Supplemental Security Income/SSI County relief, general relief, or general assistance
- State Supplementary Payment/SSP CalWORKs
- Medi-Cal Cash Assistance Program for Immigrants (CAPI)
- In-Home Supportive Services (IHSS) Tribal Temporary Assistance for Needy Families (TANF)
- CalFresh (Supplemental Nutrition Assistance Program)

B. I am requesting time payments. 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 do not provide correct information to determine the level of debt reduction, I may be responsible for an adjusted amount.

Signature _____ **Date** _____

Social Security # _____ **Date of Birth** _____

COLLECTION PROGRAM USE ONLY

Citation due date: _____ Total outstanding balance: _____

Citation number: _____ Amnesty payment due: _____

The Superior Court Inyo County has verified case eligibility for the amnesty program and has determined the following:

- 50% reduction / 80% reduction / Full Payment / Payment Plan / Driver's License Reinstatement

Certified by: _____