

**Statewide Traffic Tickets/Infractions Amnesty Program**  
**October 1, 2015 to March 31, 2017**  
**Participation Form**

Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Contact Number(s): Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**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 on my unpaid bail/fines/fees, I declare that 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 that 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 and credit any paid amounts toward your revised outstanding debt. (See reverse for details.)

**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 (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                                             |                                                                                |
| <input type="checkbox"/> Cash Assistance Program for Immigrants               |                                                                                |

**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.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**PLEASE NOTE THE FOLLOWING:**

***Are you eligible for the 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 10 business days that your form is being suspended. You will then have 30 business days to bring written proof to the court that the outstanding warrant(s) and/or victim restitution issues have been addressed. On the 31st 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 entity 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 10 business days that your amnesty discount will be revised. You will have 30 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.

**FOR COURT USE ONLY**

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

Citation/(Case) Number	Citation Due Date	50%	80%	*Driver's License Reinstmt.	Current CA Amount	Current Fine Amt.	Amnesty Amt. Due	Payment Plan	Full Payment

Restitution Case #	Restitution Amount	Restitution Agency #	Warrant Number	Warrant Issued Date	Due date for proof item has been addressed

Reviewed by: \_\_\_\_\_