

**DECLARATION AND REQUEST FOR FINE REDUCTION  
AND TRAFFIC VIOLATOR SCHOOL**

|                         |                       |          |   |  |
|-------------------------|-----------------------|----------|---|--|
| NAME                    |                       |          | <i>FOR COURT USE ONLY</i>   |  |
| ADDRESS                 |                       |          |   |  |
| CITY                    | STATE                 | ZIP CODE |   |  |
| DATE OF BIRTH           | DRIVER LICENSE NUMBER |          |   |  |
| CASE OR CITATION NUMBER |                       |          | TVS ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

**A judge will review and rule on your request for traffic school. You will be notified of the decision by mail.**

I request a reduction in the amount of my fine. My violation(s) appear to be traffic school eligible on my notice from the court, therefore I also request that I be permitted to attend traffic school. I understand that, in addition to my fine, I must pay \$54.00 to the court for traffic school and that the traffic school will also impose additional fees.

1. **Public Benefits** – Check any benefits listed below that you are receiving **now**. If you do *not* receive benefits, go to the next question.

- |  |                                       |                                   |  |   |
|--|---------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Medi-Cal  | <input type="checkbox"/> CalFresh/WIC | <input type="checkbox"/> CalWorks | <input type="checkbox"/> CAPI                    | <input type="checkbox"/> SSI/SSP              |
| <input type="checkbox"/> Low-Income Veterans Pension                     | <input type="checkbox"/> Tribal TANF  | <input type="checkbox"/> IHSS     | <input type="checkbox"/> Refugee Cash Assistance | <input type="checkbox"/> Extended Foster Care |
| <input type="checkbox"/> Other need-based help ( <i>specify</i> ): _____ |                                       |                                   |  |   |

**Important!** Attach a copy of **any document** that proves you are getting the benefits you checked.

2. **Household Income** (*skip this section if you checked any public benefits in Item 1*)

Monthly income \$\_\_\_\_\_

Number of people in household: \_\_\_\_\_

**Important!** Attach a copy of any document(s) that proves the amount of gross-monthly *income (before tax deductions)* for your household.

3. Other request: \_\_\_\_\_  
\_\_\_\_\_

**Read and sign below.**

I understand that I have the right to: an attorney (at my own cost); a court trial within 45 days from the date of the entry of this plea; confront and cross-examine witnesses against me; present evidence on my own behalf and avoid self-incrimination. I hereby enter a plea of GUILTY or NO CONTEST, if one was not previously entered, and request that a judge grant my requests.

*I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Declarant signature