

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

DECLARATION AND REQUEST FOR RECONSIDERATION OF CLERK DETERMINATION

NAME			<i>FOR COURT USE ONLY</i>
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF BIRTH	DRIVER LICENSE NUMBER		
CASE OR CITATION NUMBER			

This form must be completed and may only be submitted once to the Court. All supporting documentation must be attached. THE JUDGE'S DECISION WILL BE FINAL and will be mailed to you.

***Previously, the clerk denied my request for relief through the MyCitations Ability to Pay program:
I request judicial review and reconsideration of the prior decision, based on additional information and supporting documentation I now provide to the court. (please attach additional pages if needed)***

I declare under penalty of perjury that the foregoing is true and correct.

Date

Defendant's Signature