

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO  
**DECLARATION AND REQUEST FOR RELIEF ON INFRACTION MATTER**

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 declaration and request for relief. You will be notified of the decision by mail.**

**1. What kind of help do you want? (check all that apply):**

- Reduce the amount of my fine.
- Set up a monthly installment plan to pay the full citation amount.
- Important Notice!** If you request a payment plan you no longer are eligible for traffic violator school.
- Accept my proof of correction, upon payment of \$25 per violation and dismiss the following charge(s):  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. (attach your proof)
- Accept late proof of correction, traffic violator school, community service.
- Release a hold on my driver's license or registration.
- Grant an additional extension of time to correct a mechanical violation, complete community service, obtain out-of-state registration or proof of a valid driver's license.
- Accept proof of completion of community service or traffic violator school even though the civil assessment has been added.
- Vacate the civil assessment added to my case.
- My conviction has already has been reported to DMV and 60 days has passed. I would now like to attend traffic violator school. (If you have not paid for the traffic violator school you must pay \$25 court cost payment and \$54 traffic violator school administrative fee with the request. If you have already paid the \$54 you must include \$25 court cost payment with this request.)
- Other: \_\_\_\_\_

**2. Can you afford to pay your infraction fine?**

- Yes** (Skip Sections 3 and 4; Complete Sections 5 and 6)
- No** (Complete Sections 3, 4, 5, and 6)

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

- Medi-Cal
- CalFresh/WIC
- CalWorks
- CAPI
- SSI/SSP
- Low-Income Veterans Pension
- Tribal TANF
- Refugee Cash Assistance
- General Assistance
- Extended Foster Care
- IHSS
- Other need-based help (*specify*): \_\_\_\_\_

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

NAME	CASE OR CITATION NUMBER
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**4. Homeless or Temporary Housing**

If you are homeless, live in a shelter, or in a transitional living facility, check below.

Homeless (*Where do you usually sleep?*):

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Shelter or Transitional living facility (*Which one?*):

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**5. Household Income (skip this section if you checked any public benefits in Item 3 or any box in Item 4)**

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. In Item 6, provide any details or special circumstances you want the court to consider.

**6. Describe your Request**

Please explain the reason for your request and include any details or special circumstances you want the court to consider on the lines below. You may only attach documents supporting your reasoning (e.g., doctor's notes, bill of sale, etc.)

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**7. 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 in 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 one or more of the requests I have checked on page 1.

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

Date: \_\_\_\_\_ Declarant signature \_\_\_\_\_