

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO**

ETIO PCNTRAFFIC DIVISION

Fairfield Branch
600 Union Avenue
Fairfield, CA 94533
(707) 207-7360

Vallejo Branch
321 Tuolumne Street
Vallejo, CA 94590
(707) 561-7860

DECLARATION FORM INSTRUCTIONS
(For Submission, Modification, or Reconsideration)

- A separate declaration must be completed for each case.
- Current address and telephone number are required. This information will be used to notify you of the Judge's decision concerning your case.
- Mark the box or boxes which best describes what you are requesting of the Court. If you are requesting a lower fine, an extension to pay, a payment plan, dismissal of charge(s) or late fees, or community service, you are requested to provide current proof of income or other means of financial support. Examples of supporting documentation may include, but is not limited to, evidence of public benefits or government assistance, evidence of monthly income, and/or evidence of disability.
- **Inability to Pay:** To ask the court to consider your ability to pay due to financial hardship and to decide whether to approve a lower fine, a payment plan or community service, you may be scheduled for an appearance in court without deposit of bail
- If you are requesting credit for time served, please submit a booking summary or court order that outlines the location and amount of time served.
- If you are asking the Court to dismiss late fees for Failure to Appear, Failure to Pay, or the \$300 Civil Assessment, be sure to give the reason(s) for your failure to appear/pay. Please note that applicable proof must be attached and coincide with the time period in question.
- If you are a full-time student, a copy of your class schedule is also required.
- A plea of guilty/not guilty must be entered for all charges. If it is your intent to plead guilty, please date and sign the Entry of Plea and Waiver of Rights Declaration Form attached.
- Sign and date your declaration.
- Faxed Declarations will not be accepted.



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO
7 F-A-B5 @TRAFFIC DIVISION**

4807-TR

[] Hall of Justice
600 Union Avenue
P.O. Box 2463
Fairfield, CA 94533
(707) 207-7360

[] Solano Justice Center
321 Tuolumne Street
Vallejo, CA 94590
(707) 561-7860

DECLARATION / ABILITY TO PAY FORM

If you have more than one case, use one form for each case.

1. Your Information

Name: _____
Street or Mailing Address: _____
City: _____ State: _____ Zip: _____
Tel.: _____ Date of Birth: _____
E-mail (optional): _____

Case Number: _____
Clerk fills out this box
<input type="checkbox"/> FTA
<input type="checkbox"/> FTP
<input type="checkbox"/> A Traffic School Certificate was filed.
\$ _____
Amount ordered _____ Due date _____
\$ _____
Amount paid _____ Date paid _____
Balance due: \$ _____

2. What kind of help do you want from the court? (Check all that apply to your request)

- | | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Lower the fine | <input type="checkbox"/> 4. Payment plan | <input type="checkbox"/> 8. Release DMV License Hold (Abstract) |
| <input type="checkbox"/> 2. Extend deadline to pay | <input type="checkbox"/> 5. Dismiss the fine/charge | <input type="checkbox"/> 9. Accept Proof of Correction |
| <input type="checkbox"/> 3. Credit for time served in jail or residential treatment program | <input type="checkbox"/> 6. Community Service | <input type="checkbox"/> 10. Dismiss late fee for Failure to Appear or Pay |
| | <input type="checkbox"/> 7. Ask for a Court Date | <input type="checkbox"/> 11. Other (specify): _____ |

3. Can you afford to pay?

- Yes** (Skip Sections 4 and 5; Complete Sections 6, 7 and 8)
- No** (If you check this box, you must also fill out Sections 4, 5, 6*, 7 and 8.)

4. 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.

5. 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?): _____
- Shelter or Transitional living facility (Which one?): _____

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

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 7, provide any details or special circumstances you want the court to consider.

Applicant's Name: _____

Case Number: _____


7. Describe your Request

Please explain the reason for your request and include any details or special circumstances you want the court to consider. *(Attach more pages if you need more space.)*

8. Read and sign below.

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: _____

 _____
Applicant signs here

For Court Use Only	
Court's Decision	
<input type="checkbox"/> Granted No (s). _____	Deadline to Pay Extended: ____ 3 Months ____ 6 months
<input type="checkbox"/> Denied No (s). _____	
<input type="checkbox"/> Fine reduced to: _____	
<input type="checkbox"/> Other Orders _____	
Date: _____	_____ JUDICIAL OFFICER/DIVISION MANAGER

Submitted by: _____
Clerk Name



Plea Form (Infractions)

Fill out this form if:

- You accept the charges on your infraction ticket,
- You want to plead guilty or no contest in this case, and
- You want to plead using this form instead of going to court.

1 Your Information

Name: _____ Case Number: _____

Street or Mailing Address: _____

Tel.: _____ Email (optional): _____ Date of Birth: _____

2 Charges I am pleading guilty or no contest to the following traffic infraction(s):

Section and Code: _____

3 You have the following rights:

- To have a lawyer represent you (at your expense).
- To an interpreter if you do not speak English well.
- To a speedy court trial within 45 days of your first court date. At that trial, you have the right to not testify against yourself, to subpoena witnesses to testify for your case, and to see and question witnesses.
- To appeal the court's decision.

4 If you check **Guilty** or **No contest** below, that means:

- You accept the charge(s) on the ticket.
- There will not be a trial or witnesses.
- You give up the rights explained on this form.

A "**no contest**" plea is basically the same as a "guilty" plea. It is a way of saying, "I don't believe I did all that the officer charges, but I admit violating the law." This plea is traditionally used if there was an accident or other reason you don't want the plea to be used as an admission of liability in a civil case related to the incident.

5 Your Plea Check one: Guilty No Contest

I declare under penalty of perjury under the laws of the State of the California that there are facts to support my plea, and that the information I have provided on this form is true and correct.

Date: _____

Sign here