

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO
CRIMINAL/TRAFFIC DIVISION**

Criminal and Traffic Fairfield Branch

1st floor, Hall of Justice
600 Union Avenue
Fairfield, CA 94533

Criminal and Traffic Vallejo Branch

1st floor, Solano Justice Center
321 Tuolumne Street
Vallejo, CA 94590

**INSTRUCTIONS - DECLARATION TO DISMISS CIVIL ASSESSMENT / ABILITY TO PAY
(AFTER FAILURE TO PAY OR TRIAL IN ABSENTIA) FORM (4890-TR)**

GENERAL INSTRUCTION: A separate declaration must be completed for each case. Submit the signed and completed form, along with the supporting documentation, by mail or in-person to either location listed above, or mail to the office of the Private Collection Agency which referred you to complete this form.

INSTRUCTIONS FOR COMPLETING THE FORM

Section Number	ITEM	INSTRUCTION
1	Your Information	Current address and telephone number are required. This information will be used to notify you of the Judge's decision concerning your case.
2	Request to Dismiss Civil Assessment	If you are asking the Court to dismiss late fees for Failure to Appear, Failure to Pay, or the Civil Assessment, check box for section 2.1 and be sure to give the reason(s) for your failure to appear or pay. Please note that applicable proof must be attached and coincide with the time period in question. If you select any box in section 2, provide the reasons for the failure to appear or pay in the space provided in section 4.
3	Ability to Pay	Check all requests and information that apply to you.
3.1	Lower the fine	Check this box if you are requesting to lower your fine.
3.2	Community service	Check this box if you are requesting to provide community service in lieu of paying a portion or the full amount of your fine.
3.3	Other relief	Check this box if you are requesting other relief and specify the type of relief you are seeking.
3.4	Credit for time served in jail or residential treatment	Check this box if you are requesting to apply credit for time served in jail or residential treatment in lieu of paying a portion or the full amount of your fine. Submit a booking summary or court order that outlines the location and amount of time served.
3.5	I am now receiving one or more of the following Public Benefits	Check this box if applicable and select all public benefit types that apply to you. If you select any box in section 3.5, provide supporting documentation that proves you are getting benefits. 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.
3.6	I am either homeless or living in a Shelter	Check this box if applicable, select which kind is applicable to you, and indicate the place where you usually sleep, or the name of the shelter or transitional living facility.
3.7	Household Income	Skip this section if you completed section 3.5 and 3.6. Monthly income should include your monthly salary, your spouse or domestic partner's monthly salary, any self-employed monthly income, and child support and alimony that you are receiving on a monthly basis. The number of people in household includes yourself, your spouse or domestic partner, your children and other dependents who are living with you for more than 6 months in a year. Attach a copy of any document(s) that proves the amount of gross-monthly income (before tax) for your entire household.
4	Additional Information	Provide in detail the reason why you previously failed to appear or pay. You may also provide any details or circumstances you want the Court to consider in this section. Attach a separate sheet if you need more space.
5	Applicant's Signature	Sign and date your declaration.



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4890-TR

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**DECLARATION TO DISMISS CIVIL ASSESSMENT / ABILITY TO PAY
(AFTER FAILURE TO PAY OR TRIAL IN ABSENTIA)**

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

1. Your Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel.: _____ Date of Birth: _____

E-mail (optional): _____

Case Number: _____	
Clerk fills out this box	
<input type="checkbox"/> FTP - No CIVA (Not in Collections)	
<input type="checkbox"/> FTP (In Collections) CIVA \$ _____	
<input type="checkbox"/> TIA (Not In Collections)	
<input type="checkbox"/> TIA (In Collections)	
\$ _____	_____
Amount ordered	Due date
\$ _____	_____
Amount paid	Date paid
Balance due: \$ _____	

2. Request to Dismiss Civil Assessment (Complete this section in its entirety, if applicable)

2.1. Dismiss Civil Assessment

I **failed to appear or pay** because one or more of the following **reasons** existed at the time I was scheduled to appear or pay (Check all that apply and explain in details the reason why you previously failed to appear or pay in the space provided in **section 4**):

- | | |
|---|---|
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Death of Immediate Family Member |
| <input type="checkbox"/> Physically Incapacitated | <input type="checkbox"/> In Jail |
| <input type="checkbox"/> In Residential Treatment Program | <input type="checkbox"/> Military Absence |
| <input type="checkbox"/> Other: _____ | |

(Attach any document that proves you were unable to appear or pay when scheduled to do so)

3. Ability to Pay (Check all that apply to your request)

3.1. Lower the fine 3.2. Community Service 3.3. Other Relief: _____

3.4. Credit for time served in jail or residential treatment program

3.5. I am now receiving one or more of the following **Public Benefits** (Check all that apply to you):

- | | | | | | |
|---|--|---|---|----------------------------------|--|
| <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"/> Refugee Cash Assistance | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Extended Foster Care | <input type="checkbox"/> IHSS | |
| <input type="checkbox"/> Other need-based help (specify): _____ | | | | | |

(Attach a copy of any document that proves you are getting the benefits you checked above)

3.6. I am either **homeless** or living in a **Shelter/Transitional Living Facility** (Check one below):

- | |
|--|
| <input type="checkbox"/> Homeless (Where do you usually sleep?): _____ |
| <input type="checkbox"/> Shelter or Transitional living facility (Which one?): _____ |

Applicant's Name: _____

Case Number: _____

3.7. My **household income** is as follows: *(Skip this section if you completed section 3.4 and 3.5 above; **attach a copy of any document(s) that proves the amount of gross-monthly income (before tax deductions) for your household***

Monthly income \$ _____

Number of people in household: _____

4. Additional Information *(Provide in the space below the reason why you previously failed to appear or pay, and any details or circumstances you want the court to consider. Attach a separate sheet if you need more space.)*

5. Applicant's Signature *(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

Granted No(s): _____ 2.1 _____ 3.1 _____ 3.2 _____ 3.3 _____ 3.4

Denied No(s): _____ 2.1 _____ 3.1 _____ 3.2 _____ 3.3 _____ 3.4

Fine reduced to \$ _____

Other Orders _____

Date: _____

JUDICIAL OFFICER

Submitted by: _____
Clerk Name