

NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
REQUEST FOR TRIAL BY WRITTEN DECLARATION (Vehicle Code, § 40902)	
TO BE FILLED OUT BY COURT CLERK	CITATION NUMBER:
A. DUE DATE (for receipt of this form and any unpaid bail) (<i>specify</i>):	CASE NUMBER:

B. Bail amount required: \$

C. Bail amount already deposited by defendant: \$

D. Date mailed or delivered by clerk:

E. Mail or deliver completed form, evidence, and mail to the Clerk of the (*specify*):

Court at (*mailing address*):

REQUEST FOR TRIAL

1. I have reviewed the *Instructions to Defendant (Trial by Written Declaration)* (form TR-200).
2. I request to have a trial by written declaration.
3. The facts contained in the Declaration of Facts on the reverse are personally known to me and are true and correct.
4. I know that I have the right not to be compelled to be a witness against myself. I understand and agree that by making any statement, I am giving up and waiving that right and privilege.
5. **EVIDENCE** The following evidence supports my case and includes everything I want the court to consider in deciding my case:

a. <input type="checkbox"/> photographs (<i>specify total number</i>):	e. <input type="checkbox"/> diagram
b. <input type="checkbox"/> medical record	f. <input type="checkbox"/> car repair receipt
c. <input type="checkbox"/> registration documents	g. <input type="checkbox"/> insurance documents
d. <input type="checkbox"/> inspection certificate	h. <input type="checkbox"/> other (<i>specify</i>):

(Declaration continued on reverse)

PEOPLE v. DEFENDANT (Name): _____	CASE NUMBER:
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6. DECLARATION OF FACTS (Type or print only. State what happened and explain all the items of evidence you checked in item 5 on the reverse and tell how they support your case. You may add additional pages.)

(Name):
(Current mailing address):

STATEMENT OF FACTS (begin here):

7. Number of pages attached: _____

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

Date:

.....
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE)