

**Traffic Tickets/Infractions Amnesty Program
Participation Form – Stanislaus County Revenue Recovery
October 1, 2015 to March 31, 2017**

Driver's License Number: _____ Date of Birth: _____
Name: _____
Current Address: _____
Contact Number(s): Home: _____ Mobile: _____ Work: _____
Cases: _____
Employer's Name: _____
Employer's Address: _____

I am seeking (select one or both):

- Reduction in eligible unpaid bail/fines/fees Driver's license reinstatement

In order to be eligible for a reduction in my unpaid bail/fines/fees, I declare all of the following are true:

- Neither I nor my minor children owe restitution to a victim within the County of Stanislaus.
 I do not have any outstanding misdemeanor or felony warrants in the county where the violation occurred.
 I made no voluntary or involuntary payments to Stanislaus County Revenue Recovery or the Franchise Tax Board for the violation after September 30, 2015.

In order to be eligible for the restoration of my driver's license only, I declare one or both of the following is true:

- I have appeared and satisfied all my court-ordered obligations in this county.
 I am currently making payments to the court, county, or a collecting entity for tickets dated after January 1st, 2013.

By signing below, I affirm that I understand each of the following:

- I must pay the reduced balance owed in full at this time or comply with terms of the approved payment plan.
- I may be responsible for an amnesty program fee of \$50 in order to participate.
- **If I stop making payments on my amnesty case, the remaining balance may be referred to the Franchise Tax Board or a third party for collection.**
- If my case is determined ineligible at a later time, I may be responsible for payment of the re-adjusted or full amount. (See reverse for details.)

Complete either Section A or B as directed:

A. I certify that I receive the following public assistance (check all that apply):

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Supplemental Security Income/SSI | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> County relief, general relief, or general assistance | <input type="checkbox"/> In-Home Supportive Services (IHSS) |
| <input type="checkbox"/> State Supplementary Payment/SSP | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program) |
| <input type="checkbox"/> Medi-Cal | |

B. I certify the following:

My total gross monthly household income is \$_____ and a total of _____ dependents live in the household. I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that if I provide incorrect or inaccurate information, the debt reduction amount may change and I will be responsible for payment of the re-adjusted or full amount.

Signature: _____ **Date:** _____

**Traffic Tickets/Infractions Amnesty Program
Participation Form – Stanislaus County Revenue Recovery
October 1, 2015 to March 31, 2017**

PLEASE NOTE THE FOLLOWING:

Your participation may be cancelled if you provide incorrect information regarding victim restitution or warrants?

If, after this form is submitted, the court/county/collecting entity discovers you are not eligible for amnesty because you have 1 or more outstanding warrants or owe victim restitution in this county, you shall be notified within 5 business days that your form is being suspended; even if you have a minor child that owes restitution. You will then have 20 business days to bring written proof to the court/county/collecting entity that the outstanding warrant(s) and/or victim restitution issues have been addressed. On the 21st business day, or earlier if the information you provide does not demonstrate you are eligible for amnesty, the court/county/collecting entity will retroactively cancel the amnesty program, restore previously reduced court-ordered amounts, and credit any paid amounts toward your revised outstanding debt. The court/county/collecting entity will send you notice of this action to the address indicated on this document.

Your reduction amount may change if found that you do not qualify.

If, after this form is submitted, the court/county/collecting entity discovers you are not eligible for the 80 percent reduction in bail/fines/fees because you are not receiving public assistance as listed or because your household income is not at or below 125 percent of the federal poverty rate, you shall be notified within 5 business days that your amnesty discount will be revised to 50 percent. You will then have 20 business days to bring written proof to the court/county/collecting entity that you do receive the specified public assistance or that your income is not at or below 125 percent of the federal poverty rate for your household. On the 21st business day, or earlier if the information you provide does not demonstrate that you are eligible for the 80 percent discount, the court/county/collecting entity will determine whether to revise the discount, if you are eligible, to 50 percent of the amount owed for court-ordered debt or impose the full amount as discussed above and credit any paid amounts toward your revised outstanding debt. The court/county/collecting entity will send you notice of this action to the address indicated on this document.

FOR USE ONLY BY ENTITY ADMINISTERING THE AMNESTY PROGRAM

Total outstanding balance: _____ First amnesty payment due: _____
Account Numbers: _____

The County of Stanislaus Revenue Recovery (or designated agent) has verbally verified case eligibility for the amnesty program and has determined the following:

Eligible for:

- 50% reduction 80% reduction Driver's License Reinstatement
 Full Payment Payment Plan Amt _____

Not eligible for:

- 50% reduction 80% reduction Driver's License Reinstatement

Reason Not Eligible:

- Victim Restitution Owed Outstanding Misd./Felony Warrant
 Made payments for the violation after September 30, 2015

Verified with Probation: No restitution/warrants Date: _____

Certified by: _____ Date: _____