

SUPERIOR COURT STATE OF CALIFORNIA, COUNTY OF KINGS

Amnesty Participation Form October 1, 2015 to March 31, 2017

Date: _____ Driver License Number _____ State: _____ Social Security No: _____

Name _____ Date of Birth: _____

Current Address: _____ E-mail : _____

Contact Number(s): Home: _____ Mobile: _____ Work: _____

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:

- ___ I do not owe restitution to a victim within the county where the violation occurred.
- ___ I do not have any outstanding misdemeanor or felony warrants in the county where the violation occurred.
- ___ I made no payments to the court, county or collecting entity for the eligible 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 a person in good standing and making payments to a comprehensive collections program on eligible violations.

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 revers for details.

Complete either Section A or B as directed:

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

- | | |
|---|---|
| ___ Supplemental Security Income/ SSI | ___ Cash Assistance Program for Immigrants (CAPI) |
| ___ County relief, general relief or general assistance | ___ In-Home Supportive Services (IHSS) |
| ___ State Supplementary Payment/SSP | ___ Tribal Temporary Assistance for Needy Families (TANF) |
| ___ CalWORKS | ___ Medi-Cal |
| | ___ CalFresh (Supplemental Nutrition Assistance Program) |

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.

Date: _____

Signature: _____

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PLEASE NOTE THE FOLLOWING:

Are you eligible for the 50% amnesty reduction?

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 10 business days that your form is being suspended. You will then have 30 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 31st 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.

Are you eligible for the 80% amnesty reduction?

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 10 business days that your amnesty discount will be revised. You will then have 30 business days to bring written proof of 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 31st 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

The Superior Court of Kings County (or designated agent) has verified case eligibility for the amnesty program and has determined the following:

Citation Number	Citation Due Date	50%	80%	DL Reinstatement	Current CA Amount	Current Fine Amount	Amnesty Amt Due	Payment Plan	Full Payment
Warrant Number	Warrant Issued Date	Restitution Case Number		Restitution Amount	Court Location		Due date for proof item has been addressed		

Restitution information: Case number _____ Amount due: _____

Date: _____ Certified by: _____