

Date: _____ Driver's License Number: _____
Name: _____ Email: _____
Current Address: _____
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 within the county 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 currently making payments to the court, county, or a collecting entity for tickets due before or after January 1, 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 the terms of the approved payment plan.
- I will 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.

As directed by collections program, participant completes Section A or B:

A. I receive the following public assistance (include all):

- | | |
|--|---|
| <input type="checkbox"/> Social Security / SSI | <input type="checkbox"/> County Relief, General Relief, or General Assistance |
| <input type="checkbox"/> State Supplementary Payment / SSP | <input type="checkbox"/> CalWORKS or Tribal Assistance |
| <input type="checkbox"/> Food Stamps / SNAP | <input type="checkbox"/> Cash Assistance Program / CAPI |
| <input type="checkbox"/> In-Home Supportive Services | <input type="checkbox"/> Medi-Cal |

B. I certify the following:

My total 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:

Signature _____

Date _____

COLLECTION PROGRAM USE ONLY

Citation due date: _____

Total outstanding balance: _____

Citation number: _____

Amnesty payment due: _____

The **Superior Court of Orange County** has verified case eligibility for the amnesty program and has determined the following:

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

Certified by: _____

Justice Center _____