ATTORNEY OR PARTY WITHOUT ATTORNEY:	FOR COURT USE ONLY
Name:	CA/T CA/P TIA
Address:	
Phone:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS	
TRAFFIC DIVISION	
2260 Floyd Avenue	
Modesto, CA 95355	
PEOPLE OF THE STATE OF CALIFORNIA,	1
Plaintiff	
vs.	
Defendant.	
DEFENDANT'S REQUEST FOR ORDER - TRAFFIC:	
(Check all that apply):	
To Vacate Civil Assessment	CASE NO:
To Modify Fine Amount	
To Pay Fine Amount in Installments	Date and Time of Hearing:
To Release Driver's License Hold with Department of Motor	
Vehicles	
To Perform Community Service în lieu of Total Fine	
l —	
Other	
	J
because of the following reasons (check all that apply   HOSPITALIZATION	pear in court or did not pay a fine ordered by the court ): LITARY DUTY E DEATH OF FAMILY MEMBER OT PERSON CITED HER (Explain below)
The Court <u>will not consider your request</u> unless you attach	
provide a detailed explanation of why you failed to appea	r in court or pay your fine. If you are claiming a
financial hardship, you must complete and submit a Fina	ncial Hardship Declaration.
The following is my explanation of my failure to appear and/or	pay (please print)
Fundamention is continued an additional and the	
Explanation is continued on additional page(s)	

Name of Case: People vs.	(Your Name)	Case #
2. Request to Modify Fine Amount – I am requesting the copay due to a financial hardship. I have completed a Financial Ha (Please mark one of the following):		
☐ This is my first request to modify fine amount. ☐ I have submitted a previous request to modify fine amount in	n this case.	
3. Request to Pay Fine Amount in Installments  Due to a financial hardship, I am requesting to pay the fine amount installments of \$ per month (the installment paymalso completed a Financial Hardship Declaration and submittee for Order - Traffic.	ent must be at lea	ast \$10.00 per month). I have
I understand that if I miss an installment payment, the court may send my case agency for collection. I also understand that if I need an extens an extension on or before my due date.	to the Franchise	Tax Board (FTB) or other
4. Request to Release Driver's License Hold with Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on my driver's license with the Department to release the hold on the		
5. Request to Perform Community Service in lieu of Total I requesting the court to allow me to perform community service section, the term "total fine" means the total bail, including the additional moneys to be paid.	in lieu of my tota	l fine. For the purposes of this
I understand that if I fail to perform or fail to submit proof of c service, the court may consider the entire unpaid balance is im send my case to the Franchise Tax Board (FTB) or other agency an extension of time, I must contact the Court to arrange an ext	nmediately due ar $v$ for collection. I a	nd payable and the court may Iso understand that if I need
6. Request for Other Order(s): I request the court make the detailed explanation for what you are requesting and why you a	re making this red	quest.)

Name of Case: People vs	(Your Name)	Case #
I understand that I am required to provide asking the Court to consider a financial har documentation, I understand that my reque	dship. In the event that I have not be	
I declare under penalty of perjury that the knowledge and that any written proof is at		ect to the best of my
Executed at:	on	
City an	nd State	Date Signed
Address of defendant:		
	. City, State and Zip Code	
Telephone or Message Phone Number: (		
	Signature	

### **SUPERIOR COURT OF CALIFORNIA** COUNTY OF STANISLAUS

**TRAFFIC DIVISION** 

## CONFIDENTIAL

### FINANCIAL DECLARATION

PERSONAL INFOR	RMATION			
Name:		Birthdate	CASE	#
Marital Status:   S	ingle   Married	□ Divorced □ Sepa	arated	
Social Security num	ber:			
Number of depende	ents:			
	support payments: S			
<b>EMPLOYMENT</b>				
Are you currently er	mploved? □ Yes □	No How long have	you been unempl	loyed?:
				come: \$
Spouse's employer:		How long	g:Monthly In	come: \$
OTHER MONTHLY	INCOME			
Unemployment \$		Retirement \$	Child Support	Spousal Support
General Relief	Social Security \$	SSI \$	AFDC \$	Other \$
		cles, boats motor hon □ Own □ Lease		ent: \$
			Monthly payme	ent: \$
Year & Make		- CWII LEASE	worthly paying	λτιτ. Ψ <sub></sub>
(Bills that you pay/owe)		P = 4 t / 11 = - 4 = 1		
•	, department stores		Monthly navmen	+· <b>C</b>
Creditor   Monthly payment: \$     Creditor   Monthly payment: \$			.7	
Creditor Monthly payment: \$ Monthly payment: \$				
ASSETS			, , , , , , , , , , , , , , , , , , ,	
IMPORTANT:		Checking Account B	alance \$	
Each of the guest	ions about	Savings Account Ba		
assets <u>must</u> be an	nswered. Do	Money owed to you	\$	
not leave any of the lifthe answer is \$6		Equity in property yo		
a 0.	7.00 then enter	Other assets	\$_	

### **Declaration Under Penalty of Perjury:**

asking the Court to cons	required to provide proof of any st sider a financial hardship. In the e stand that my request may be der	vent that I have not been abl	
☐ I am unable to provi	de proof of (specify)		
for the following reason	(s):		
I declare under penalty knowledge and that all	of perjury that the foregoing state available written proof is attached	ements are true and correct to I to this form.	o the best of my
	City and State		Date Signed
	Signature	(Defendant's Signature)	
☐ Number of pages a	attached (specify)		



# SUPERIOR COURT OF CALIFORNIA COUNTY OF STANISLAUS

#### **TRAFFIC DIVISION**

### Advisement, Waiver of Rights and Plea Form

This form is provided for filing by a person who has never submitted a plea in the case, who is requesting an order to be made by the Court on a pending case.

If a Judicial Officer (Judge or Court Commissioner) has not asked you for a plea in this case, or if you have not been convicted in previously or submitted a written plea in this case, you must complete the attached plea form if you are wishing to enter a guilty or no contest plea to request the Judicial Officer to consider your Request for Order regarding Fines, Fees, and/or late fees.

- > Read the form thoroughly, so you are aware of your rights.
- Complete the following:
  - 1) Your name, address and phone number must be completed.
  - 2) Your case number must be written on the form.
  - 3) Under section entitled "PLEA", you must select one of the two options:
    - a. "I plead guilty" or
    - b. "I plead Nolo Contendere (No Contest)"
  - 4) Under the section "Waiver of Rights", read the waiver, and if you agree, sign your name and include the date you signed the form.
- Submit the form along with your Request for Order packet documents.



## Superior Court of California County of Stanislaus Traffic Division

### ADVISEMENT, WAIVER OF RIGHTS, AND PLEA

For Use By Clerk

N	ame:		
Αı	ldress:		
Ci	ty State Zip Case #		
Pł	one #: (		
	ADVISEMENT OF RIGHTS		
_	choosing to enter a plea of Guilty or Nolo Contendere (No Contest), you will be giving up the following hts:		
A.	To appear in court for formal arraignment, plea and sentencing;		
В.	To have a court trial and to challenge the charges;		
C.	To have a speedy court trial and have the charges dismissed if a speedy trial is requested by not provided;		
D.	To be represented by an attorney at your own expense;		
E. To subpoena or present witnesses and physical evidence using the power of the court at no cost to you and to testify on your own behalf;			
F.	To confront and cross-examine all witnesses under oath testifying against you; and		
G.	To remain silent and not testify.		
	ENTRY OF PLEA		
Se	ect only one (1) of the following plea options:		
_	I plead Guilty I plead Nolo Contendere (No Contest)		
	I previously entered a plea in Court, and now wish to vacate Traffic School.		
ple	I previously forfeited bail and am now requesting Traffic School. I understand that I am entering a a of either guilty or nolo contendere to be allowed to reopen this matter to attend Traffic School.		
	VACATING TRAFFIC SCHOOL		
_	I previously was granted Traffic School and want to vacate it to proceed with a payment plan.		
	WAIVER OF RIGHTS		
	signing below, I declare that I have read and understand these rights and that I am knowingly and voluntarily ng up these right and that I understand and accept the terms and consequences of my plea.		
SIG	NED: DATE:		
10/	17/2018 Mandatory TR001 - Advisement Waiver of Bights and Plea		

ATTORNEY OF PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY
ATTORNEY OR PARTY WITHOUT ATTORNEY:	
Name:	CAT CAP TIA
Address:	
Phone:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS	
TRAFFIC DIVISION	
2260 Floyd Avenue	
Modesto, CA 95355	
PEOPLE OF THE STATE OF CALIFORNIA,  Plaintiff,	
vs.	
Defendant,	
ORDER ON DEFENDANT'S REQUEST FOR ORDER - TRAFFIC:	
(Check all that apply):	CASE NO:
To Vacate Civil Assessment	
☐ To Modify Fine Amount	Date and Time of Hearing:
To Pay Fine Amount in Installments	
To Release Driver's License Hold with Department of Motor	
Vehicles	
To Perform Community Service in lieu of Total Fine	
Other	
ordered that the request to vacate the Civil Assessmen  Denied With Prejudice W Granted FTA Vacated FT FTP Vacated FT  Request to Modify Fine Amount: The Court finds does not find good cause to moto modify fine amount is:	exists for the request to vacate civil assessment. It is hereby
Granted Fine amount reduced to \$	
3. Request to Pay Fine Amount in Installments:  The Court finds does not find that good cause for ordered that the request to pay fine amount installments.	or allow payment of the fine in installments. It is hereby ents is:
	thout Prejudice y the fine amount, plus an administrative fee of \$35.00, nts of at least \$

ORDER ON DEFENDANT'S REQUEST FOR ORDER		
Name of Case: People vs	(Your Name)	Case #
The first payment is due on	mitted to the Clerk of the Court in stallment, or failure to request a tter. If you do not take action by ported to DMV as a conviction an	n a timely manner. If Traffic School is n extension of time by the due date the due date on the letter, the fines
4. Request to Release Driver's License Hold with The request to release driver's license hold with Denied With Prejudice Granted		es:
	to perform community service service is:  Without Prejudice to pay the total fine amount or	f\$
You are responsible for signing up with a non-profit agence community service work to be performed. You will have 9 submit the "Defendant's Declaration and Proof of Comple date of to the Superior Court 2260 Floyd Avenue, Modesto, CA 95355 as proof of comple I understand that if I fail to perform or fail to submit proof consider the entire unpaid balance is immediately due and (FTB) or other agency for collection. I also understand that extension on or before my due date.	O days to complete your court or tion of Court Ordered Communit of California, County of Stanislau etion for court ordered commun f of completion for court ordered d payable and the Court may sen	rdered community service. You must by Service" form on or before your du is, Traffic Court Division located at ity service. I community service, the Court may d my case to the Franchise Tax Board
6. Request for Other Order(s)  The request for other orders of the Court is herel  Denied With Prejudice  Granted  The court makes the following additional orders:	by ordered: Without Prejudice	

ORDER ON DEFENDANT'S REQUEST FOR ORDER		
Name of Case: People vs.	(Your Name)	Case #
7.  The Court finds that a hearing is r	equired to consider defendant's	request.
The defendant's hearing on a Request fo		
Stanislaus, Traffic Court Division located to appear at the date and time set for he	•	
IT IS SO ORDERED.		
Date	Signature	
		Judicial Officer
CLE  I, the below-named Deputy Clerk of the cause herein, and that on this date, I served the defendant's counsel as indicated below:		
<ul> <li>□ by placing it for collection and mailing so as Modesto, California. One copy of the original fil fully prepaid, in accordance with court practice</li> <li>□ by personally providing a copy to the defend</li> </ul>	ed in a sealed envelope to the address. s.	
ate:	Ву	
		, Deputy Clerk

ATTORNEY OR PARTY WITHOUT ATTORNEY:	FOR COURT HOE ONLY
	FOR COURT USE ONLY
Name:	
Address:	
Phone: ( )	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS	1
TRAFFIC DIVISION	
2260 Floyd Avenue	
Modesto, CA 95355	
PEOPLE OF THE STATE OF CALIFORNIA,	
Plaintiff	
VS.	
Defendant.	
DEFENDANT'S DECLARATION AND	CASE NO:
PROOF OF COMPLETION OF	
COURT-ORDERED COMMUNITY SERVICE	
IN COTAL COLOR	
INSTRUCTIONS:	
1. Complete, date and sign this form as proof that you complete.	eted the required number of hours of court-
ordered community service.	
2. Please attach a letter from the volunteer organization when	re you performed the community service. An
authorized representative of the organization must sign the let	tter and state the number of hours of community
service you performed. The letter must be on the organization	ı's letterhead stationery.
3. The court must receive the signed form $\underline{\text{and}}$ the organization	on's letter on or before the completion date given
to you by the Judicial Officer or court clerk. If you are unable t	o complete your hours by the deadline, contact
the Traffic Court Clerk's office before your due date to see if yo	ou are eligible for a one-time extension.
1. Defendant's Name:	
0	
Street Address:	
City: State	: Zip Code:
Phone: Name of Supervi	
3. Number of Community Service Hours Performed:	
L. Date(s) Community Services Hours Performed:	
declare under penalty of perjury of the laws of the State of	of Colifornia that the information of the control o
n this form is true and correct, and I personally performed	the required number of community service
ours set forth in item number 3 listed above.	
Date: Defendant's Signat	
LIGTOPAINT'S SIAMON	
Defendant 3 Signat	ure:
Defendant's Signat	ure:
belefidant's Signat	ure: