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| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF**STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:BRANCH NAME: |  |
| **PEOPLE OF THE STATE OF CALIFORNIA****vs.**DEFENDANT: |
| **AGREEMENT TO PAY FINE, PENALTIES, AND FEES IN INSTALLMENTS** **(Amnesty Reduction for Failure to Pay after Judgment)**  |
|  | CITATION NUMBER: |
| CASE NUMBER: |

**Read carefully and, if you agree, sign and return the form.**

1. I am the defendant in this case and I have been sentenced for the following infraction violations:

a. b. c. d. e.

2. My court appearance date has expired.

3. I want to pay for the violation(s) listed above, but I am not able to pay the entire amount at the present time.

I request that payment be accepted in installments.

4. I understand that by signing below I agree to pay the fine, penalties, and fees for a conviction of the listed violation(s).

5. **TERMS OF THE AGREEMENT:**

The total owed (including an administrative fee of $50) is $ I agree to pay the total amount as follows:

$ due immediately and installments of at least $ due:

( ) each month, starting *(date)*:and by the day of each month until paid in full. ( ) Other *(explain)*:

I agree that: All payments must be made by the due date and there is no grace period.

If I do not make a payment on time, I may have to pay the rest of my unpaid debt immediately.

If I do not make my payments by each due date, I will return on the next business day after the due date of the missed payment to explain the reason for the failure to pay.

I understand that if I do not make the payment by each due date, I may be charged with a misdemeanor under Vehicle Code section 40508, have a warrant issued for my arrest, and the court may assign my case to a collection agency or the State Franchise Tax Board for collection.

I understand that my case will continue to be open until the date that my last installment is paid. On ,

if I pay as agreed, all amounts due will be paid. At that time my payment will be complete and no further proceedings will be held in this matter.

**By signing below I declare that I have read, understand, and accept the terms and consequences stated above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (SIGNATURE OF DEFENDANT) |  | (DATE) |  | (TYPE OR PRINT NAME) |
|  |  |  |  | (ADDRESS) |
| (DRIVER'S LICENSE/ID NUMBER) |  | (EXP. DATE) |  | (CITY, STATE, AND ZIP CODE) |

ACCEPTED *(date)*:BY:

**AGREEMENT TO PAY FINE, PENALTIES, AND FEES IN INSTALLMENTS**

 **(Amnesty Reduction for Failure to Pay after Judgment) Amnesty-Fine**