

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)
(DRIVER'S LICENSE/ID NUMBER)	(EXP. DATE)	(ADDRESS)
		(CITY, STATE, AND ZIP CODE)

ACCEPTED (date): _____ BY: _____