

**Placer County Revenue Services Division
Statewide Traffic Tickets/Infractions Amnesty Program
October 1, 2015 to March 31, 2017
Participation Form**

Date: _____ Driver's License Number: _____ State: _____
Name: _____ E-mail: _____
Current Address: _____
Contact Number(s): Home: _____ Mobile: _____ Work: _____
Case Number: _____ Account: _____

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 reverse for details.)

Complete either Section A or B as directed:

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

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income/SSI | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> County relief, general relief, or general assistance | <input type="checkbox"/> In-Home Supportive Services (IHSS) |
| <input type="checkbox"/> State Supplementary Payment/SSP | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program) |
| <input type="checkbox"/> Medi-Cal | |

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.

Signature _____

Date _____

Three convenient ways to return your completed form:

MAIL

County of Placer
Revenue Services Division
10810 Justice Center Drive, Suite 100
Roseville, CA 95678

EMAIL

revserv@placer.ca.gov

FAX

(916) 543-3910

**INCOMPLETE APPLICATIONS WILL BE RETURNED
AND WILL DELAY PROCESSING YOUR REQUEST**

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PLEASE NOTE THE FOLLOWING:

Are you eligible for the 50% amnesty reduction?

If, after this form is submitted, Placer County Revenue Services Division 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 5 business days that your form is being suspended. You will then have 20 business days to bring written proof to Placer County Revenue Services Division that the outstanding warrant(s) and/or victim restitution issues have been addressed. On the 21st business day, or earlier if the information you provide does not demonstrate you are eligible for amnesty, Placer County Revenue Services Division will retroactively cancel the amnesty program, restore previously reduced court-ordered amounts, and credit any paid amounts toward your revised outstanding debt. Placer County Revenue Services Division 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, Placer County Revenue Services Division 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 5 business days that your amnesty discount will be revised. You will then have 20 business days to bring written proof to Placer County Revenue Services 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 21st business day, or earlier if the information you provide does not demonstrate that you are eligible for the 80 percent discount, Placer County Revenue Services 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. Placer County Revenue Services Division will send you notice of this action to the address indicated on this document.

FOR PLACER COUNTY USE ONLY

Agent's Initials: _____

Name: _____

Citation due date: _____

Total outstanding balance: _____

Case number: _____

Account Number: _____

Amnesty payment due: _____

Placer County Revenue Services Division has verified case eligibility for the amnesty program and has determined the following:

Eligible for:

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

Not eligible for (check all that apply):

- 50% reduction
- 80% reduction
- Driver's License Reinstatement

Approved by: _____

Date: _____