

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</p> <table style="width:100%; border:none;"> <tr> <td style="border:none; width:33%; padding: 5px;"><input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959</td> <td style="border:none; width:33%; padding: 5px;"><input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. E Santa Maria, CA 93454 (805) 346-7550</td> <td style="border:none; width:33%; padding: 5px;"><input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789</td> </tr> </table>	<input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959	<input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. E Santa Maria, CA 93454 (805) 346-7550	<input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789	<p><i>FOR COURT USE ONLY</i></p>
<input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959	<input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. E Santa Maria, CA 93454 (805) 346-7550	<input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789		
<p>PLAINTIFF: People of the State of California</p> <p>DEFENDANT:</p>				
<p>INSTALLMENT PAYMENT PLAN AGREEMENT TRAFFIC CASES</p>	<p>CITATION NUMBER:</p>			

Full Name			
<i>Last:</i>	<i>First:</i>	<i>Middle:</i>	<i>Suffix:</i>
Current Address			
<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Additional Information:			
<i>Telephone Number:</i>	<i>Driver's License #:</i>	<i>Social Security #</i>	

In order to be eligible for an installment payment plan, you must submit this completed application and agree to pay a monthly amount per the schedule below.

Fine \$250 or less	Payment of \$35 per month
Fine \$251 to \$500	Payment of \$50 per month
Fine \$501 to \$1500	Payment of \$75 per month
Fine \$1501 and over	Payment of \$100 per month

Request is for: Bail Forfeiture Traffic School

Upon receipt of a \$35.00 payment plan fee and your first payment and each payment thereafter, you will receive a statement showing your next monthly payment date and the balance due. It is your responsibility to pay on or before the payment date. If you fail to comply with the Court's order, a WARRANT for your arrest **may** be issued, you will be subject to INCREASED PENALTIES of up to \$300, and the court may pursue collection through the Franchise Tax Board, the State Board of Equalization, and collection agencies. In addition, your driver's license **may** be suspended through the Department of Motor Vehicles.

Make all checks payable to the CLERK OF THE COURT. To assure credit to the proper account, please write your citation number and full name on the check. An \$80 fee will be assessed on all returned checks.

Your monthly payment may be made by credit card by phone using the automated phone number listed above or on the Court's website at www.sbcourts.org. If you have any questions, please contact the Fiscal Services Collection Division at (805) 882-4696 or at (805) 614-6693 between the hours of 8:30 a.m. and 3:00 p.m.

To ask the court to consider your ability to pay due to financial hardship and decide whether to approve a reduced fine with a payment plan or community service, you may request a judicial determination without the deposit of bail.

DECLARATION AND ADVISEMENT OF RIGHTS

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 bill immediately.
 I will make monthly payments in the amount per the schedule above until paid in full.

By choosing to pay and forfeit bail in installment payments, I will be giving up the following rights:

- To have a court trial and challenge the charges;
- To have a speedy court trial and have the charges dismissed if a speedy trial is requested by not provided;
- To be represented by an attorney at my expense;
- To subpoena or present witnesses and physical evidence using the power of the court at no cost to me and to testify on my own behalf;
- To confront and cross examine all witnesses under oath testifying against me;
- To remain silent and not testify.

I accept, agree and understand that failure to pay the above fines will result in additional penalties and may cause a suspension of my driver's license. I declare that the information provided is true and correct to the best of my knowledge.

Date *Printed Name* *Signature*