SUPERIOR COURT OF CALIF	FOR COURT USE ONLY	
☐ Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959	Santa Maria DivisionLompoc Division312 East Cook St. Bldg. E115 Civic Center PlazaSanta Maria, CA 93454Lompoc, CA 93436(805) 346-7550(805) 737-7789	
PLAINTIFF: People of th		
DEFENDANT:		
ABILITY	CITATION NUMBER:	

INSTRUCTIONS: THIS FORM MAY ONLY BE SUBMITTED ONCE TO THE COURT.

Full Name						
Last:	First:		Middle:		Suffix:	
Current Address						
Street:		City:		State:	Zip:	
Additional Information:						
Telephone Number:	Driver's License #:					
 I am pleading guilty I am requesting Traffic School (if eligible); I have a financial hardship and I cannot pay the full amount for the offenses on my citation. I am requesting a judicial determination regarding my ability to pay. Attached is my financial affidavit. I understand certain fines are mandated by the legislature and may be ineligible for reduction. I am requesting a reduction in the monthly installment payment amount to \$ per month. I am requesting a reduction in the fine that has already been imposed on this case. I declare under penalty of perjury that the foregoing is true and correct. 						
T IS SO ORDERED:						
	ithin 20 day	a of the data of mailir	ag of this n	otioo or 🗌		
Fine of <u>imposed</u> , due wi	-		-			
Monthly payments of <u>\$</u>			-		very monur.	
Traffic School is authorized (additional \$						
Defendant to appear in court on						
 Denied. The court has determined the of the Traffic Department. Other: 			Payments	may be arr	anged through	
Dated:						
		JUDICIAL	OFFICER O	F THE SUPE	RIOR COURT	
CLEF	RK'S CERT	IFICATE OF MAILIN	IG			
I certify that I am not a party to this action an prepaid in a sealed envelope addressed as		.,	•			

prepaid, in a sealed envelope addressed as shown, and that the mailing of the foregoing and execution of this certificate occurred at
Santa Barbara
Santa Maria Lompoc, California on (*date*): ______,