SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

Defendant Name: Address: City: State: Zip Code: Home Phone: Cell Phone: Work Phone: Driver's License #: Email Address:	*FOR COURT USE ONLY* CASE NUMBER:

ELIGIBILITY AFFIDAVIT
AMNESTY PROGRAM
Vehicle Code Section 42008.8

If eligible, I am requesting a fine reduction (Check Box 1) and/or Driver's License Reinstatement (Check Box 2):

1. ☐ Reduction in eligible unpaid bail/fines/fees (*Must also complete sections A or B, and then date and sign the form*)

I declare the following:

- 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 within the county the violation occurred.
- I made no payments to the court or collecting entity for the eligible violation after **September 30, 2015**.

By signing below, I affirm that I understand each of the following: (*only applies to fine reduction portion of Amnesty*).

- I must pay the reduced balance owed in full at this time or comply with terms of the court-approved payment plan.
- I understand that I am responsible for an Amnesty Program fee of $50 to be paid with my first payment.
- I understand if I default or stop making payments on my amnesty case, the remaining balance will be referred to the Franchise Tax Board or a private vendor for further collections.
- If my case is determined ineligible at a later time, I may be responsible for payment of the re-adjusted or full amount. (Refer to court's website at www.riverside.courts.ca.gov for eligibility requirements).

Complete sections A or B as applicable:

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

☐ Supplemental Social Security (SSI)
☐ State Supplementary Payment (SSP)
☐ Medi-Cal
☐ In-Home Supportive Services (IHSS)
☐ CalFresh (Supplemental Nutrition Assistance Program)
☐ County Relief, General Relief, or General Assistance
☐ CalWORKs
☐ Cash Assistance Program for Immigrants (CAPI)
☐ Tribal Temporary Assistance for Needy Families (TANF)

B. My gross monthly household income is $ _____ and a total of _____ dependents live in the household.

If eligible, I am requesting to have my driver's license reinstated (Check box 2):

2. ☐ Driver's license reinstatement
(Note: All charges must be eligible under the Amnesty Program)

I declare the following is true:

- I am currently making payments to the court or a court-affiliated collection agency.
- If necessary, I am willing to establish a payment plan.

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. I understand that if I do not provide correct information to determine the level of debt reduction, I may be responsible for an adjusted amount or the full amount.

_____
(DATE)

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE)