

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

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| <input type="checkbox"/> BANNING 311 E. Ramsey St., Banning, CA 92220 | <input type="checkbox"/> INDIO 46-200 Oasis St., Indio, CA 92201 |
| <input type="checkbox"/> BLYTHE 265 N. Broadway, Blythe, CA 92225 | <input type="checkbox"/> MORENO VALLEY 13800 Heacock St., Ste. D201, Moreno Valley, CA 92553 |
| <input type="checkbox"/> CORONA 505 S. Buena Vista Ave., Room 201, Corona, CA 92882 | <input type="checkbox"/> MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563 |

RI-TR009

PEOPLE OF THE STATE OF CALIFORNIA		<i>FOR COURT USE ONLY</i>
vs.		
DEFENDANT:		
PROOF OF INSURANCE		
		CITATION NUMBER:

INSTRUCTIONS: If you were cited for an insurance violation and are submitting proof of insurance, complete this form and attach a copy of your insurance policy. The insurance policy must include the information described below. You may file this form by fax to (951) 777-3350 or mail this form to the court where you were cited to appear. A fax filing fee of \$1.50 per page and a facsimile cover sheet (RI-MC005) is required. Visit our website at www.riverside.courts.ca.gov for more information.

INSURANCE VIOLATIONS

If you were cited for failure to provide proof of insurance or financial responsibility pursuant to Vehicle Code § 16028(a), you have the following options:

- 1) If you had insurance at the time the citation was issued, but were unable to provide proof to the officer who cited you, the violation is dismissible with proof of insurance and a \$25.00 correction fee.
- 2) If you obtain proof of insurance after the date of violation, the court may reduce your fine amount.
- 3) If you do not provide proof of insurance, you will be required to pay the full fine amount.

Note: Insurance violations cited under Vehicle Code section 16028(c) will not be reduced or dismissed.

You may submit a copy of your insurance policy with payment to any Riverside Superior Court location in person or by mail. Proof of insurance must include all of the following information:

- Name of the insurance carrier
- Policy number
- Effective date of coverage showing insurance coverage at the time you were cited and including the expiration date
- Name of person who received the citation and/or the vehicle listed on the citation

INSURANCE INFORMATION	
Defendant:	_____
Case No.:	_____ Vehicle License No.: _____
Vehicle Make:	_____ Vehicle Model: _____
Insurance Policy No.:	_____
Issue Date:	_____ Expiration Date: _____