

**MARIN COUNTY SUPERIOR COURT**  
**STATEWIDE TRAFFIC TICKETS / INFRACTIONS AMNESTY PROGRAM**  
**OCTOBER 1, 2015 TO MARCH 31, 2017**  
**PARTICIPATION FORM**

Date: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

**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 will be responsible for an amnesty program fee of \$50 in order to participate.
- Failure to make payments on my amnesty case may result in the matter being referred to the Franchise Tax Board.
- If my case is determined ineligible at a later time, I may be responsible for payment of the re-adjusted or full amount.

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**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 \$ \_\_\_\_\_ with a total household size of \_\_\_\_\_ .

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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.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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**FOR USE ONLY BY ENTITY ADMINISTERING THE AMNESTY PROGRAM**

Case No.: _____	Due Date: _____	Total Outstanding Balance: _____	Reduced to: _____
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Amnesty Participation Payment Due: \_\_\_\_\_

The County of Marin OR the Marin County Superior Court (or designated agent) has verbally 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

**DATE:** \_\_\_\_\_ **CERTIFIED BY:** \_\_\_\_\_

*Distribution: Original - Court*