

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS

400 Government Center Drive

San Andreas, CA 95249

Telephone:(209) 754-9800; Web: www.calaveras.courts.ca.gov

Applicant:/Defendant (Name and Mailing Address)
MUST BE LEGIBLE
Telephone No. () -

Clerk's File Stamp

People of the State of California
Vs
Defendant (insert name)

Case No:
Application for Modification of Sentence (Infractions only) or to Vacate Civil Assessment

- I am providing proof of correction (attached) and requesting reduction of the fine.
I am unable to pay the fine as ordered by the court for the reasons set forth in the space below and I am requesting
to pay the fine in installments (I understand a \$30 administrative fee will be added) I can pay \$ per month
to be allowed to perform community service in lieu of payment of the fine
an extension of time to pay the fine for days:
I am requesting an extension of time to complete traffic school
I am requesting the civil assessment be set aside. The following is an explanation for my failure to appear, pay the fine or contact the court by the due date. (Check the appropriate box and give a detailed explanation with attached documented proof to support your request.)
Hospitalization Incarceration Out of State Military Duty

See reverse side for additional information supporting the application.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Date: _____ Signature _____

ORDER OF THE COURT: IT IS HEREBY ORDERED the Application is:

- Denied.
Set for hearing on at at 400 Government Center Drive, San Andreas, CA 95249.
Other
Granted as requested.
Certificate of completion of traffic school is due . You may view a list of traffic schools at https://www.dmv.ca.gov/oling2/welcome.do .
Granted on the following conditions:

Date: _____ Judge of the Superior Court _____

Certificate of Mailing

I hereby certify that I deposited in United States Mail, at San Andreas, California, first class postage pre-paid, in a sealed envelope, on the date indicated below, a copy of the foregoing document to the party named and whose address is indicated above, using normal business practices.

Date: _____ By: _____ Deputy