

Amnesty Program (VC 42008.8)
Mendocino County Participation Form

Date: _____ Driver's License Number: _____
Name: _____ Date of Birth _____
Current Mailing Address: _____ State: _____ Zip: _____
Phone Number(s): Home: _____ Mobile: _____ Work: _____
E-mail: _____

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 AND a driver's license hold release, I declare all of the following are true:

- I have a failure to appear or failure to pay hold on my infraction citation.
- 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 release of my driver's license hold only, I declare the following is true:

- I have a failure to appear or failure to pay hold on my infraction citation.
- I am in good standing in my current payment plan and meeting all terms and conditions of my installment arrangement. Good standing is defined as not currently more than 45 days delinquent in my installment payment plan.

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 understand I am responsible for an amnesty program fee of \$50 to be paid with my first payment.
- I understand that if I stop making payments on my case, the remaining balance may be referred to the Franchise Tax Board or a third party for collection.
- I understand that if my case is determined ineligible at a later time, I may be responsible for payment of the re-adjusted or full amount.

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"/> State Supplementary Payment/SSP | <input type="checkbox"/> CalWORKs |
| <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> Supplemental Security Income/SSI |
| <input type="checkbox"/> County relief, general relief, or general assistance | |

B. I certify the following:

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

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.

Signature _____ Date: _____
