

<b>Superior Court Collections</b> 1625 W Main Street El Centro, CA 92243	For Court Use Only
<b>Mandatory Amnesty Participation Form – Imperial County</b> <b>October 1, 2015 to March 31, 2017</b>	
Case Number: _____	

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 DL #/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Please select at least one of the following options you are seeking under the Amnesty Program:**

A reduction in unpaid bail/fines/fees due on or before 01/01/2013 *and/or*  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 may be responsible for an amnesty program fee of \$50 in order to participate.
- If I stop making payments on my amnesty case, the remaining balance may be referred to the Franchise Tax Board or a third party for collection.
- 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 receive the following public assistance (*check all that applies*):**

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

**B. I certify the following:** My total gross monthly household income is \$ \_\_\_\_\_, and a total of \_\_\_\_\_ dependents live in the household.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$433.34 for each extra person</i>
1	\$1,237.50	3	\$2,100.00	5	\$2,962.50	
2	\$1,668.75	4	\$2,531.25	6	\$3,393.75	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLLECTION PROGRAM USE ONLY**

Status (Agency): \_\_\_\_\_ Due Date: \_\_\_\_\_ Original balance: \_\_\_\_\_ Amnesty Amount Due: \_\_\_\_\_

The Superior Court of Imperial County has verified case eligibility for the amnesty program and has determined the following:

50% PIF \_\_\_\_\_ 80% PIF \_\_\_\_\_ 50% Pay Plan \_\_\_\_\_ 80% Pay Plan \_\_\_\_\_ DL Release Only \_\_\_\_\_

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_