

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PEOPLE OF THE STATE OF CALIFORNIA
vs.

DEFENDANT:

AGREEMENT TO PAY TRAFFIC VIOLATOR SCHOOL FEES IN INSTALLMENTS
[Adjudicated Case | Vehicle Code, § 42007]

TO BE FILLED OUT BY A COURT CLERK

Read carefully and, if you agree, sign and return the form to the clerk.

CITATION NUMBER:

CASE NUMBER:

1. I am the defendant in this case and was charged with the following infraction violation(s), which are eligible for confidential conviction for completion of traffic violator school:

a. \$ \_\_\_\_\_; b. \$ \_\_\_\_\_; c. \$ \_\_\_\_\_; d. \$ \_\_\_\_\_;

2. I [ ] have entered a plea of guilty or no contest, or [ ] was found guilty of the violations, and have been sentenced as follows:

a. \$ \_\_\_\_\_; b. \$ \_\_\_\_\_; c. \$ \_\_\_\_\_; d. \$ \_\_\_\_\_;

The court has ordered me to attend traffic violator school.

3. I understand that the cost of traffic violator school is on top of and in addition to the fees ordered by the court. I want to pay the court-ordered fees, but I am not able to, and I ask the court to allow me to pay in installments. I understand that the court has costs and expenses from accepting a request to pay in installments, and the court does not have to allow me to make installment payments.

4. TERMS OF THE AGREEMENT:

The total fees to pay (including an administrative fee of \$ \_\_\_\_\_ and traffic violator school fee of \$ \_\_\_\_\_) are \$ \_\_\_\_\_. I agree to pay the total amount in installments as follows:

\$ \_\_\_\_\_ (10 percent or more) immediately and installments of at least \$ \_\_\_\_\_ due:

[ ] Each month, starting (date): \_\_\_\_\_ and the \_\_\_\_\_ day of each month until paid in full.

[ ] Other (explain): \_\_\_\_\_

I agree that: All payments must be made by the due date and there is no grace period.

If I do not make a payment on time, I may have to pay the rest of my unpaid fees immediately.

If I do not make a payment by each due date, I will see the clerk on the next court day after the due date of the missed payment.

I understand that if I do not make the payment by each due date, I may be charged with a misdemeanor under Vehicle Code §40508; may be charged a civil assessment of up to \$300 under Penal Code §1214.1, or have a warrant issued for my arrest; and the court may place a hold on my driver's license. The court may also assign my case to a collection agency or the State Franchise Tax Board for collection.

If I pay as agreed and if my proof of completion is received by the clerk, my eligible violations will be reported as a confidential conviction to the Department of Motor Vehicles.

By signing below, I declare that I have read, understand, and accept the terms and consequences of this agreement.

(Signature of Defendant)

(Date)

(Type or Print Name)

(ADDRESS)

(CITY, STATE, AND ZIP CODE)

(DRIVER'S LICENSE/ID NUMBER)

(EXPIRATION DATE)

CLERK OF THE SUPERIOR COURT

ACCEPTED (date): \_\_\_\_\_

BY: \_\_\_\_\_ (DEPUTY CLERK)