



Superior Court of California
County of San Luis Obispo
INFRACTION PETITION

FAILURE TO APPEAR

Instructions, Petition and Declaration to Appear in Court Without Posting Bail
or Request to Vacate Civil Assessment After Referral to Collections Agency- [PC1214.1]

THE PEOPLE OF THE STATE OF CALIFORNIA,
vs.

Plaintiff,

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Defendant,

Case Number/ Docket Number: _____

If you do not complete the Petition and PROVIDE DOCUMENTATION OR THE REQUIRED FINANCIAL
DECLARATION, the Court will not consider your Petition.

PLEASE CHECK THE BOX THAT BEST REPRESENTS YOUR REQUEST TO THE COURT.

[] I REQUEST TO APPEAR IN COURT WITHOUT POSTING BAIL.
This option requires that you attach a completed Financial Declaration form (TR01a).

[] I REQUEST TO VACATE THE CIVIL ASSESSMENT ON THE FOLLOWING GROUNDS:
() Hospitalization () Incarceration () Military Deployment () Death of Immediate
Family Member

YOU MUST ATTACH YOUR DOCUMENTATION IN SUPPORT OF THIS REQUEST

Please state your reason(s) below:

I declare under penalty of perjury under the Laws of the State of California that all of the information
contained in this Petition, and the documents attached, are true and correct.

Defendant's Signature _____ Date _____

***** below for Court use only *****

Petition Approved / Denied by _____ Date _____
Court Officer

Please return the petition by mail to the
San Luis Obispo Superior Court
1050 Monterey Street, Rm 222
San Luis Obispo, CA 93408

FINANCIAL DECLARATION - Traffic Petition

Docket Number: _____

Full Name: _____ Age: _____ Date of Birth: _____
 Address: _____ Telephone: _____
Street City
 Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
 Name of wife/husband: _____ Children: Number _____ Ages _____
 Social Security Number: _____ Driver=s License No. _____

EMPLOYMENT RECORD

Employer: _____
 Address: _____
 City: _____
 Type of Job: _____
 Gross Salary: \$ _____ (Week/Month)
 Take Home: \$ _____ (Week/Month)

SPOUSE EMPLOYMENT

Employer: _____
 Address: _____
 City: _____
 Type of Job: _____
 Gross Salary: \$ _____ (Week/Month)
 Take Home: \$ _____ (Week/Month)

OTHER INCOME

Unemployment & Disability \$ _____
 Social Security \$ _____
 Welfare, AFDC \$ _____
 Veterans Benefits \$ _____
 Workers Compensation \$ _____
 Child Support Payments \$ _____
 Support from parents \$ _____
 All Other Income \$ _____

LIST YOUR MONTHLY EXPENSES

Rent or House Payment \$ _____
 Car Payments \$ _____
 Medical Payments \$ _____
 Loan Payments \$ _____
 Clothing & laundry \$ _____
 Food \$ _____
 Other Payments \$ _____

WHAT DO YOU OWN? LIST VALUE

Cash \$ _____
 House: \$ _____
 Cars & Other Vehicles \$ _____
 Life Insurance \$ _____
 Bank Accounts \$ _____

Name of Bank _____ Branch _____

WHO DO YOU OWE?

Name	Monthly Payment	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing Financial Declaration is true and correct and if sworn as a witness, I could testify competently thereto.

Executed at _____, this _____ day of _____, 20____

Signature of Petitioner