

STREET ADDRESS:			Reserved for Clerk's File Stamp
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.	FAX NO.:		
EMAIL ADDRESS:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA			CITATION NUMBER:
DEFENDANT:			
AGREEMENT TO PAY WITH A REQUEST FOR A REDUCTION IN SENTENCE			

PLEASE COMPLETE AND RETURN TO THE COURT

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

- I am the defendant in this case and I have been charged with the following infraction violation(s) that do not require me to go into court.
a. ____ Code § ____ b. ____ Code § ____ c. ____ Code § ____ d. ____ Code § ____
- My court appearance date or extension date has not passed, and I am providing proof of correction for any correctable violations. (If a violation requires proof of correction and the proof is not submitted, the form will be returned.)
- I want to pay for the violation(s) listed above based on the court's determination of my ability to pay or of the appropriate sentence, not to exceed the total amount of fines and fees. I understand that the court does not have to reduce my fine.
- I understand that by signing below, any violation(s) that is/are reportable to the Department of Motor Vehicles (DMV) and has no proof of correction will be reported as a conviction.
- TERMS OF AGREEMENT:**

Total amount of fines and fees \$ _____

(The total amount of fines and fees can be found on the payment coupon under "bail amount," or by calling your traffic courthouse.)

- ☐ I agree to pay a total amount determined by the Court after consideration of the information submitted by me, not to exceed the total amount of fines and fees.
- ☐ I understand that if I do not make the payment by the due date the court may:
- Charge a civil assessment of up to \$100 (Pen. Code § 1214.1) or have a warrant issued for my arrest.
 - Assign my case to a collection agency or the State Franchise Tax Board for collection.
- ☐ I understand that if I pay as agreed and if any proof of correction has been filed with the court as required, the case will be closed.

By signing below, I affirm that I have read, understood, and accepted the above terms and conditions. I also affirm that I have read and understood my rights printed below, and that I choose to give them up.

- ☐ I am eligible for traffic school and I am requesting the court to grant me permission to attend traffic school.
- ☐ I am submitting an ability to pay petition.
- ☐ I am attaching additional documents for the court's consideration.

I would like the court to consider the following additional information in determining the appropriate sentence:

ADVISEMENT OF RIGHTS

By choosing to pay and not go into court, you will be giving up these rights:

- To appear in court without deposit of bail for formal arraignment, plea, and sentencing;
- To request and have a court trial, to challenge the charges without deposit of bail, unless the court orders bail;
- To have a speedy court trial and have the charges dismissed if a speedy trial is requested but not provided;
- To be represented by an attorney at your expense;
- To subpoena or present witnesses and physical evidence using the power of the court at no cost to you and to testify on your own behalf;
- To confront and cross-examine all witnesses under oath testifying against you; and
- To remain silent and not testify.

- ☐ The above address is the current address of the defendant. By checking this box, the defendant authorizes all notices and documents on this case to be sent to the current address.

SIGNATURE OF DEFENDANT	DATE
DRIVER'S LICENSE NUMBER	BIRTH DATE