

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
Eligibility Affidavit
Amnesty Program (Vehicle Code section 42008.7)
January 1, 2012 to June 30, 2012
(Payment must be received on or before June 30, 2012)

Date: _____

Name: _____

Driver's License Number: _____ Date of Birth: _____

Current Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Citation/Case Number(s): _____

I declare under penalty of perjury under the Laws of the State of California that the following statements are true and correct to the best of my knowledge:

- (1) I do not owe victim restitution on any case within the county.
- (2) I do not have any outstanding misdemeanor or felony warrants within the county.
- (3) I have not made any payments on the above case(s) after to January 1, 2009.

I understand the following:

- (1) My case will be verified for eligibility.
- (2) I understand that the court will notify me of my eligibility within 10 court days.

Executed at _____ on _____
County Date

Signature: _____

Official Use Only

Case is Eligible _____

Case is Ineligible _____

Legal Process Clerk: _____ Date _____