



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123
- CENTRAL DIVISION, JUVI. MINOR OFFENSE, 2901 MEADOW LARK DR., SAN DIEGO, CA 92123
- EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065
- NORTH COUNTY DIVISION, ANNEX BLDG., 325 S. MELROSE DR., VISTA, CA 92081
- SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

ELIGIBILITY AFFIDAVIT AMNESTY PROGRAM 2012 (VEHICLE CODE § 42008.7) JANUARY 1, 2012 TO JUNE 30, 2012

Date: _____ Case No.: _____

Name: _____

Address: _____

City, State, Zip Code: _____

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 (please initial each item below):

- _____ (1) I **do not owe** victim restitution on any case within the county; and
- _____ (2) I **do not have** any outstanding misdemeanor or felony warrants within the county.

Executed at _____ on _____
County Date

Signature

The court and/or the court's Collection Agency may verify your eligibility for the Amnesty Program. Your case will be closed if it is determined that you and the case are eligible for the Program and payment is made. Allow 30 court days for processing. If it is determined that either you or the case is not eligible for the Amnesty Program, you will be notified in writing within 30 court days. Any payment made will be applied to the case and any balance will remain due.



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CREDIT CARD PAYMENT (CONFIDENTIAL)

Case #: _____ Case Name: _____

Card #: _____ Expiration Date: _____ Security Code*: _____
16-digit credit card number

*The security code is a 3-digit number found on the reverse of the credit card near the signature panel and following the account number

Amount to be Charged: \$ _____ MasterCard Visa
Only MasterCard and Visa are accepted.

Billing Address: _____
Street City State ZIP

Cardholder Name: _____ Daytime Phone #: (____) _____
Print name exactly as it appears on card

Date: _____ Cardholder Signature: _____

For Office Use Only
Clerk's name if payment processed telephonically