SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	*FOR COURT USE ONLY*
PLAINTIFF: **PEOPLE OF THE STATE OF CALIFORNIA**	
DEFENDANT:	
CIVIL ASSESSMENT PETITION AND ORDER **Defendant's Request and Declaration to Vacate Civil Assessment**	CASE NUMBER:

IMPORTANT: Written proof of any of the following must be attached and cover the time period in question.

☐ HOSPITALIZED ☐ OVERSEAS MILITARY DUTY

☐ INCARCERATED ☐ OTHER

The following is an explanation of my failure to pay. (Please print)

_____

_____

_____

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and that written proof is attached to this form.

Executed at _____ on _____
(City and State) (Date)

Address _____

_____

Telephone Number: _____

Signature: _____

RESERVED FOR CLERK'S FILE STAMP

ORDER RE CIVIL ASSESSMENT (COURT USE ONLY)

The Court having read and considered the Petition regarding vacating the Civil Assessment pursuant to PC 1214.1(B), hereby makes the following order:

Petition to vacate is: ☐ Denied ☐ Granted

Signature _____ Date _____
(Judicial Officer)

If your petition is granted, the Department of Revenue will be notified for refund of the Civil Assessment fee. You may contact them at:

MAIL ADDRESS:
P.O. Box 1897
San Jose, CA 95109-1897

OFFICE ADDRESS:
1555 Berger Drive, Bldg. #2
San Jose, CA
Telephone: (408) 299-4013