

**Butte County**  
**Statewide Traffic Tickets/Infractions Amnesty Program**  
**October 1, 2015 to March 31, 2017**  
**Participation Form**

*The information requested below will be used for case research and case identification.*

**Date:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_ **D.O.B:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name** (List all names used/AKA's): \_\_\_\_\_

**Current Address** (where you receive mail) \_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_

**Please contact me via:**   **Phone**                      **Mail**

**I am seeking (select one or both)**    Reduction in eligible unpaid bail/fines/fees    Driver's license reinstatement

Case number(s) I want considered for amnesty reduction (list all cases you want reviewed):

\_\_\_\_\_

**Case number(s)** I want considered for license release (list all Butte County cases holding your driver's license

\_\_\_\_\_

**In order to be eligible for a reduction in my unpaid bail/fines/fees, I declare all of the following are true:**

I do not owe restitution to a victim within the county where the violation occurred.

I do not have any outstanding misdemeanor or felony warrants in the county where the violation occurred.

I made no payments to the court, county, or collecting entity for the eligible violation after September 30, 2015.

**In order to be eligible for the restoration of my driver's license only, I declare one or both of the following is true:**

I have appeared and satisfied all my court-ordered obligations in this county.

I am a person in good standing and making payments to a comprehensive collections program on eligible violations.

**By signing below, I affirm that I understand each of the following:**

- I must pay the reduced balance owed in full at this time or comply with terms of the approved payment plan.
- I will be responsible for an amnesty program fee of \$50 in order to participate.
- If I stop making payments on my amnesty case, the remaining balance may be referred to the Franchise Tax Board or a third party for collection.
- If my case is determined ineligible at a later time, I may be responsible for payment of the re-adjusted or full amount. (See reverse for details.)

**Complete either Section A or B as directed:**

**A.** I certify that I receive the following public assistance (*check all that apply and attach proof*):

Supplemental Security Income/SSI

County relief, general relief, or general assistance

State Supplementary Payment/SSP

CalWORKs

Medi-Cal

Cash Assistance Program for Immigrants (CAPI)

In-Home Supportive Services (IHSS)

Tribal Temporary Assistance for Needy Families (TANF)

CalFresh (Supplemental Nutrition Program)

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**B.** I certify the following (***attach proof***):

My total gross monthly household income is \$ \_\_\_\_\_ and a total of \_\_\_\_ dependents live in the household.

***The Central Collections division of the Treasurer-Tax Collector Office will provide a response regarding amnesty eligibility within ten (10) business days.***

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that if I provide incorrect or inaccurate information, the debt reduction amount may change and I will be responsible for payment of the re-adjusted or full amount.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

This form can be submitted: by email to [collections@buttecounty.net](mailto:collections@buttecounty.net) or by mail/in person to:

Butte County Treasurer-Tax Collector's Department  
Central Collections Division  
25 County Center Drive Suite 125  
Oroville, CA 95965  
530-538-7362

**Please allow ten (10) business days for a response.**

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**PLEASE NOTE THE FOLLOWING:**

***Are you eligible for the 50% amnesty reduction?***

If, after this form is submitted, the court/county/collecting entity discovers you are not eligible for amnesty because you have 1 or more outstanding warrants or owe victim restitution in this county, you shall be notified within 10 business days that your form is being suspended. You will then have 20 business days to bring written proof to the court/county/collecting entity that the outstanding warrant(s) and/or victim restitution issues have been addressed. On the 21st business day, or earlier if the information you provide does not demonstrate you are eligible for amnesty, the court/county/collecting entity will retroactively cancel the amnesty program, restore previously reduced court-ordered amounts, and credit any paid amounts toward your revised outstanding debt. The court/county/collecting entity will send you notice of this action to the address indicated on this document.

***Are you eligible for the 80% amnesty reduction?***

If, after this form is submitted, the court/county/collecting entity discovers you are not eligible for the 80 percent reduction in bail/fines/fees because you are not receiving public assistance as listed or because your household income is not at or below 125 percent of the federal poverty rate, you shall be notified within 10 business days that your amnesty discount will be revised. You will then have 20 business days to bring written proof to the court/county/collecting entity that you do receive the specified public assistance or that your income is not at or below 125 percent of the federal poverty rate for your household. On the 21st business day, or earlier if the information you provide does not demonstrate that you are eligible for the 80 percent discount, the court/county/collecting entity will determine whether to revise the discount, if you are eligible, to 50 percent of the amount owed for court-ordered debt or impose the full amount as discussed above and credit any paid amounts toward your revised outstanding debt. The court/county/collecting entity will send you notice of this action to the address indicated on this document.

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**FOR USE ONLY BY ENTITY ADMINISTERING THE AMNESTY PROGRAM**

Citation due date: \_\_\_\_\_ Total outstanding balance: \_\_\_\_\_  
Citation number: \_\_\_\_\_ Amnesty payment due: \_\_\_\_\_

The County of Butte AND/OR the Superior Court of Butte County has verbally verified case eligibility for the amnesty program and has determined the following:

**Eligible for:**

50% reduction	Full Payment
80% reduction	Payment Plan
Driver's License Reinstatement	

**Not eligible for (check all that apply):**

50% reduction  
80% reduction  
Driver's License Reinstatement

Certified by: \_\_\_\_\_

**Document specific arrangements here:**