SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA	A CLARA	FOR COURT USE ONLY
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE: BRANCH NAME:		
PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
CIVIL ASSESSMENT PETITION AND ORDEI Defendant's Request and Declaration to Vacate Civil Ass		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 in English only.)		
The following is an explanation of my failure to pay. (Flease print in English only.)		
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)		
(City and State)	_	(Date)
Address_	_	RESERVED FOR CLERK'S FILE STAMP
	-	
Telephone Number:	_	
Signature:		
	_	
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:		
Circa churc	Б.	
Signature(Judicial Officer)	_ Date	
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:	OFFICE ADDRESS:	
P.O. Box 1897	1555 Berger Drive, Bldg. #2	
San José, CA 95109-1897	San José, CA Telephone: (408) 282-3200	