

Party (Name and Address):	
Telephone No.:	
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA TRAFFIC/INFRACTIONS Mailing Address 1515 Court Street, Room 110 Street Address 1515 Court Street, Room 110 Redding, CA 96001	
DEFENDANT'S NAME:	
PETITION TO VACATE OR REDUCE CIVIL ASSESSMENT; and ORDER THEREON (Penal Code §1214.1)	Case Number:

I am requesting the Court vacate / reduce the civil assessment for the following reason(s):

IMPORTANT: Attach supporting documentation with your request. Your request may be denied if written proof is not received.

- DEATH IN THE FAMILY MILITARY DUTY INCARCERATED
 RESIDENTIAL TREATMENT COURT ERROR INCAPACITATION
 CAREGIVER OF DEPENDENT OTHER: _____
 HOSPITALIZATION OF YOURSELF, FAMILY MEMBER OR DEPENDANT

Explanation of above (required): _____

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Date: _____ Signature: _____

ORDER (COURT USE ONLY)

The Court having read and considered the Petition, hereby makes the following order:

Defendant's Petition to vacate/reduce civil assessment is:

- GRANTED DENIED GRANTED IN PART. Civil Assessment is reduced to \$_____.

Date: _____ Signature: _____

- Judicial Officer Court Clerk, Deputy