

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	CASE NUMBER:
PETITION FOR RELIEF FROM COLLECTIONS/MODIFY FINE AMOUNT FAILURE TO APPEAR	

1. I did not appear in court, or I did not pay a fine ordered by the Court because of one or more of the following reasons (You must provide documentation to support your selection):

- a. I was hospitalized or incapacitated
- b. I was incarcerated (in jail or state prison)
- c. I experienced a death or hospitalization of a dependent or direct family member
- d. I was participating in a residential drug or alcohol treatment program
- e. I was on active military duty
- f. Other (including financial circumstances): _____
 Individuals selecting f due to financial circumstances must also submit form TR 320/CR-320

2. **Plea to Underlying Charges:** Even if the Court grants this petition, you must still address the underlying charge(s) of your case(s). If you do not wish to appear in court, then you may enter a plea to the underlying charge below.

Enter a Plea:

I, _____, waive formal arraignment and advisement of my rights; and enter a plea of GUILTY OR NO CONTEST to the infraction(s) in the above referenced case(s).

3. **Request for Court Appearance:** If you do not want to enter a plea above and want to schedule a court appearance to address the underlying charge(s), then check the box and the court will send you a notice to appear for court at the address you have listed on this form.

I understand that I am required to provide proof of any statement related to good cause. I understand that my request may be denied if I do not provide this documentation.

I declare under penalty of perjury that the forgoing statement is true and correct to the best of my knowledge

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

Defendant's Signature _____