

Party (Name and Address):	
Telephone No.:	
<b>NAME OF COURT:</b> SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA TRAFFIC/INFRACTIONS Mailing Address 1500 Court Street, Room 219 Street Address 1500 Court Street, Room 219 Redding, CA 96001	
DEFENDANT'S NAME:	
<b>PETITION TO VACATE OR REDUCE CIVIL ASSESSMENT; and ORDER THEREON (Penal Code §1214.1)</b>	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: \_\_\_\_\_

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**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