

|   |                           |
|---|---------------------------|
| NAME OF COURT:<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | <b>FOR COURT USE ONLY</b> |
| <b>PEOPLE OF THE STATE OF CALIFORNIA</b><br>vs.<br><br>DEFENDANT:                           |                           |
| <b>REQUEST FOR TRIAL BY WRITTEN DECLARATION</b><br><b>(Vehicle Code, § 40902)</b>           |                           |
| <b>TO BE FILLED OUT BY COURT CLERK</b>  | CITATION NUMBER:          |
| A. <b>DUE DATE</b> (for receipt of this form and any unpaid bail) <i>(specify)</i> :        | CASE NUMBER:              |

- B. Bail amount required: \$
- C. Bail amount already deposited by defendant: \$
- D. Date mailed or delivered by clerk:
- E. Mail or deliver completed form, evidence, and mail to the Clerk of the *(specify)*: Court at *(mailing address)*:

**REQUEST FOR TRIAL**

1. I have reviewed the *Instructions to Defendant (Trial by Written Declaration)* (form TR-200).
2. I request to have a trial by written declaration.
3. The facts contained in the Declaration of Facts on the reverse are personally known to me and are true and correct.
4. I know that I have the right not to be compelled to be a witness against myself. I understand and agree that by making any statement, I am giving up and waiving that right and privilege.
5. **EVIDENCE** The following evidence supports my case and includes everything I want the court to consider in deciding my case:
 

|   |  |
|---|--|
| a. <input type="checkbox"/> photographs <i>(specify total number)</i> : | e. <input type="checkbox"/> diagram                  |
| b. <input type="checkbox"/> medical record                              | f. <input type="checkbox"/> car repair receipt       |
| c. <input type="checkbox"/> registration documents                      | g. <input type="checkbox"/> insurance documents      |
| d. <input type="checkbox"/> inspection certificate                      | h. <input type="checkbox"/> other <i>(specify)</i> : |

(Declaration continued on reverse)

|                             |              |
|-----------------------------|--------------|
| PEOPLE v. DEFENDANT (Name): | CASE NUMBER: |
|-----------------------------|--------------|

6. DECLARATION OF FACTS (Type or print only. State what happened and explain all the items of evidence you checked in item 5 on the reverse and tell how they support your case. You may add additional pages.)

(Name):

(Current mailing address):

**STATEMENT OF FACTS** (begin here):

7. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)

 \_\_\_\_\_

(SIGNATURE)

