

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (NAME):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b>		
STREET ADDRESS: 118 East Figueroa Street		
CITY AND ZIP CODE: Santa Barbara, CA 93101		
BRANCH NAME: Figueroa Division		
PLAINTIFF: People of the State of California		
DEFENDANT: _____ <i>(PRINT OR TYPE NAME)</i>		
<b>EX PARTE MOTION TO VACATE BAIL FORFEITURE (PC §1305.2) (INFRACTION &amp; MISDEMEANOR CASES ONLY)</b>		CASE NUMBER:

**NOTICE TO DEFENDANT:** The court imposes a non-refundable assessment of \$100.00 pursuant to Penal Code §1305.2 to cover the cost of vacating a bail or bond forfeiture. It is waived only in unusual circumstances. Unless waived, you must pay this fee **before** your bail or bond forfeiture will be set aside. This fee is in addition to any other penalties you may face.

If you are also requesting to reinstate **CASH BAIL** that was posted by anyone other than you, you must attach **“CONSENT TO REINSTATE BAIL”** signed by the bailor. If you are asking to reinstate a **BAIL BOND**, you must attach a **“REASSUMPTION AGREEMENT”** -signed by your bondsman.

I hereby request that the court set aside the bail forfeiture that was entered on (date) \_\_\_\_\_. I failed to apply for or complete traffic school because: *(You must be specific and attach all proof. Use additional sheets if needed.)*

I hereby request that the court set aside the order to forfeit the cash bail / bail bond that was entered on (date) \_\_\_\_\_. I failed to appear in court on that date or otherwise comply with the court's order because: *(You must be specific and attach all proof. Use additional sheets if needed.)*

- Signed “CONSENT TO REINSTATE BAIL”/ “REASSUMPTION AGREEMENT” is attached.
- I am not requesting a waiver of the \$100.00 assessment.
- I request that the court waive the \$100.00 assessment because: *(If claiming financial hardship, you must complete Financial Declaration on reverse.)*

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

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Defendant's signature

**ORDER**

- A hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_ in Dept. \_\_\_\_\_. You must appear on this date.
- The Motion to Vacate the Forfeiture will be granted upon payment of the assessment in the amount of \$ \_\_\_\_\_ by (date) \_\_\_\_\_. The Cash Bail / Bail Bond is reinstated and  continued  exonerated.
- The Motion to Vacate the Forfeiture is granted and the assessment fee is waived.
- The Motion to Vacate the Forfeiture is denied.
- Defendant must sign up for Traffic School in the Clerk's Office no later than (date) \_\_\_\_\_ and pay the assessment if ordered above plus additional fees as directed by the clerk.
- Defendant shall file proof of completion of Traffic School no later than (date) \_\_\_\_\_ and pay the assessment if ordered above plus additional fees as directed by the clerk..
- Other:

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Judge/Commissioner of the Superior Court

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as to the parties named above, and that the mailing of the foregoing and execution of this certificate occurred at \_\_\_\_\_, California on (date): \_\_\_\_\_.

Darrel E. Parker, Executive Officer

By \_\_\_\_\_, Deputy

**EX PARTE MOTION TO VACATE BAIL FORFEITURE - DEFENDANT'S FINANCIAL DECLARATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK ALL BOXES AND FILL IN ALL BLANKS THAT APPLY TO YOU:**

- Within the last two months I have had no income from any source.
- Within the last two months I have received less than \$700 per month from all sources.
- Within the last two months I have received \$\_\_\_\_\_ per month AFDC, SSI, SSP, GR or GA benefit.
- Within the last two months I have received unemployment, workers' compensation, disability, veterans, social security, retirement and/or other benefits totaling \$\_\_\_\_\_ per month.
- I am self-employed. The nature of my work is \_\_\_\_\_.
- My gross wage or salary is \$\_\_\_\_\_ per  hour  day  week  month.
- I am not married  I have no dependents.
- I am married. During the last two months, my spouse has had income from work and/or any other source totaling \$\_\_\_\_\_ per month.
- I support \_\_\_\_\_ dependents whose ages are: \_\_\_\_\_
- I am a student at \_\_\_\_\_. I have or will receive during the current academic year:
  - Scholarship(s) totaling \$\_\_\_\_\_ per  month  quarter  semester  year.
  - Student loans and/or grants totaling \$\_\_\_\_\_ per  month  quarter  semester  year.
  - Work study and other such income totaling \$\_\_\_\_\_ per  month  quarter  semester  year.
  - Financial support from parents or others totaling \$\_\_\_\_\_ per  month  quarter  semester  year.
- My gross monthly income from any and all other sources not listed above is \$\_\_\_\_\_.

**LIST ALL ASSETS:**

Auto(s)	Make	Value
_____	_____	\$ _____
_____	_____	\$ _____
Cash on Hand		\$ _____
Checking Account(s)		\$ _____
<input type="checkbox"/> Personal Residence		\$ _____
<input type="checkbox"/> Other Real Estate		\$ _____
<input type="checkbox"/> Other Assets		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

**LIST ALL EXPENSES:**

Rent or Mortgage	\$ _____
Food	\$ _____
Child Support	\$ _____
Utilities	\$ _____
Other Expenses:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and that I have no other assets or income from any other source not listed above.

Dated: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_