

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</p> <table border="0"> <tr> <td><input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959</td> <td><input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. G Santa Maria, CA 93454 (805) 346-7550</td> <td><input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789</td> </tr> </table>	<input type="checkbox"/> Santa Barbara Division 118 East Figueroa St. Santa Barbara, CA 93101 (805) 568-3959	<input type="checkbox"/> Santa Maria Division 312 East Cook St. Bldg. G Santa Maria, CA 93454 (805) 346-7550	<input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436 (805) 737-7789	<p><i>FOR COURT USE ONLY</i></p>
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<p>PLAINTIFF: People of the State of California</p> <p>DEFENDANT:</p>				
<p>CERTIFICATE OF CORRECTION</p>	<p>CITATION NUMBER:</p>			

PLEASE RETURN THIS FORM WITH YOUR REMITTANCE

MECHANICAL AND REGISTRATION VIOLATIONS

A law enforcement officer may verify proof of correction for correctable mechanical violations and vehicle registration violations. Department of Motor Vehicles (DMV) may verify vehicle registration requirements. After reviewing your proof, law enforcement officers or DMV officials will sign the back of your copy of the citation or this Certificate of Correction. **Please remit \$25.00 for each correctable violation.**

INSURANCE VIOLATIONS

For insurance violations, please provide to the Court a copy of the insurance policy or insurance card for the vehicle identified on the citation or of the person driving the vehicle at the time of violation. Proof of vehicle insurance must include the effective date, the expiration date, policy number, and the make or description of the vehicle insured. This proof does not have to be reviewed by law enforcement or DMV.

- If you had insurance one day prior to the date you were cited, **please remit \$25.00.**
- If you obtained insurance after you were cited, **please remit \$300.00.**
- If you do not have insurance at the time you pay this citation, **please remit \$695.00.**

Defendant: _____

Citation #: _____ Vehicle License #: _____

Violation Section	Signature of Person Certifying Correction	ID #	Agency	Date