

## **TRIAL BY WRITTEN DECLARATION**

### **State of California**

You are welcome to go to our website for free information about trial by written declarations in California and how to fight traffic tickets. Also, attached please find a copy of the form TR-205 which is used for a Trial by Written Declaration in the State of California.

If you need a traffic ticket expert to prepare your traffic ticket defense, please give us call or go to our website to sign up for our traffic ticket expert service and let us prepare a traffic ticket defense for you.

Website address: [www.2FixYourTrafficTicket.com](http://www.2FixYourTrafficTicket.com)

Toll Free Telephone: (877) 814-7542

Toll Free Fax: (866) 853-4939

NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
<b>PEOPLE OF THE STATE OF CALIFORNIA</b> <b>VS.</b>	
DEFENDANT:	
<b>REQUEST FOR TRIAL BY WRITTEN DECLARATION</b> <b>(Vehicle Code, § 40902)</b>	

**TO BE FILLED OUT BY COURT CLERK**

CITATION NUMBER:

CASE NUMBER:

A. **DUE DATE** (for receipt of this form and any unpaid bail) (*specify*):

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> ): b. <input type="checkbox"/> medical record c. <input type="checkbox"/> registration documents d. <input type="checkbox"/> inspection certificate	e. <input type="checkbox"/> diagram f. <input type="checkbox"/> car repair receipt g. <input type="checkbox"/> insurance documents h. <input type="checkbox"/> other ( <i>specify</i> ):
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(Declaration continued on reverse)

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

