

NAME OF COURT: Superior Court of California, County of Sonoma STREET ADDRESS: 600 Administration Drive, Room 109-J MAILING ADDRESS: 600 Administration Drive, Room 109-J CITY AND ZIP CODE: Santa Rosa, CA 95403 BRANCH NAME: Traffic Division	<b>FOR COURT USE ONLY</b>
<b>PEOPLE OF THE STATE OF CALIFORNIA</b> vs. DEFENDANT:	
<b>REQUEST FOR TRIAL BY WRITTEN DECLARATION</b> <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):	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*): Sonoma County Superior Court at:  
 Sonoma County Superior Court-Traffic Division  
 600 Administration Drive, Room 109-J  
 Santa Rosa, CA 95403

**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):

(Telephone Number):

(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)