Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS):* TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: People of the State of California DEFENDANT:	
DECLARATION	CASE NUMBER:

I, _____, declare that the following statements are true and correct:
(print your name)

1. I was not charged or convicted on or about _____ of violation(s) _____.
   I did not violate a written promise to appear.

   Explanation: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach supporting documents such as time cards, letter from employer or witnesses, etc.)

2. I am enclosing a copy of a picture ID with signature.

I certify under penalty of perjury that the above statements are fully understood and true.

Dated: _____ _____
Declarant's signature

Clear Fields Print Form