

Superior Court of California, County of Contra Costa

PITTSBURG
1000 CENTER DRIVE
PITTSBURG, CA 94565

RICHMOND
100 37TH STREET
RICHMOND, CA 94805

WALNUT CREEK
640 YGNACIO VALLEY ROAD
WALNUT CREEK, CA 94596

WRITTEN PLEA FORM AND REQUEST FOR MONTHLY PAYMENTS

NAME: _____

DOCKET/CASE# _____

ADDRESS: _____

With regard to the Traffic Citation I received I have certain rights. In order to enter a plea I must give up these rights.

I HAVE THE FOLLOWING RIGHTS:

(COUNSEL)	Right to retain private counsel at your own expense.
(CONTINUANCE)	Right to a reasonable continuance.
(SPEEDY TRIAL)	Right to a speedy and public trial.
(COURT TRIAL)	Right to a court trial.
(SELF INCRIMINATION)	Right against self incrimination and to remain silent.
(CONFRONTATION)	Right to see and confront witnesses against you and to cross examine them.
(SUBPOENA)	Right to subpoena witnesses and evidence.
(PLEA)	Right to plead guilty, no contest or not guilty.

INITIAL NEXT TO ALL THAT APPLY:

_____ I have read and understand each of my rights as listed above.
_____ I hereby waive each of my rights as listed above.
_____ I hereby freely and voluntarily submit a plea of (guilty / no contest) to each charge on the citation. **(CIRCLE ONE)**.
_____ I understand that the fine amount for my citation is: \$ _____ Fine \$ _____ Traffic School \$ _____ Total
(To be completed by the Court Clerk) (Eligible & Due: ____ / ____ / ____)
_____ I request traffic school, if eligible.

I understand that my case and this plea form will be submitted to the Court and if accepted I will be found guilty of each charge on my citation and will be assessed the indicated fine. If the Commissioner does not agree with the fine amount or the plea, the form will be returned to me and I will have all of the rights listed above as I proceed with this case.

(Signature) Date _____

Petition for payment of Fine through Installments

I understand that if the Court Accepts my plea, my case will be referred to the Court's third party collection agency, AllianceOne, and a \$30 processing fee will be assessed unless I pay my fine in full. I must contact AllianceOne, within one week from today to arrange a payment plan. The minimum agreed payment must be paid each month by the due date. If my payment is not received by AllianceOne by the due date each month, my case will proceed to a "failure to pay" status and an additional \$300 Civil Assessment and a \$10.00 administration fee will be added and a hold will be placed on my driver's license.

(Print name)

ALLIANCEONE 1-877-541-8420
P.O. Box 11641
Tacoma, WA 98411
<https://secure.allianceoneinc.com>

(Signature)

Date

ORDER re. Request for Entry of Plea (COURT USE ONLY)

The Court having read and considered the above waiver of rights and request to enter Plea hereby makes the following order:

The Defendant has knowingly and intelligently waived his/her rights and understands the consequences of his/her plea. The plea is accepted, the defendant is found guilty of each charge and the fine is set at: \$ _____.

The defendant is found eligible / not eligible (Circle one) for Traffic School

Signature _____ Date _____
Commissioner