

FOR COURT USE ONLY

NAME OF COURT:  
STREET ADDRESS:  
MAILING ADDRESS:  
CITY AND ZIP CODE:  
BRANCH NAME:

PEOPLE OF THE STATE OF CALIFORNIA  
vs.

DEFENDANT:

REQUEST FOR TRIAL BY WRITTEN DECLARATION  
(Vehicle Code, § 40902)

TO BE FILLED OUT BY COURT CLERK

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

CITATION NUMBER:

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*):

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

(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:

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(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)