Attorney or Party Without An Attorney (Name, State Bar No. & Address)	FOR COURT USE ONLY
Telephone No.	
Attorney for:	
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY, STATE ZIP: DISTRICT NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT:	
GOOD CAUSE DECLARATION AND ORDER	CASE NUMBER
INSTRUCTIONS: This form may only be submitted once to the Court and must have all supporting it is submitted to the judicial officer. Failure to do so may result in an automatic denial.	rting documentation attached at the
What do you want the court to do?	
 Grant an additional extension of time to pay the fine or complete Traffic School. Grant an additional extension of time to correct a mechanical violation or obtain out-of-state registration or driver's license proof. 	
Plead <i>Not Guilty</i> , and request a Court Trial, with a bail waiver or Trial by Declaration with b	ail posted.
Reduce my fine.	
I live out of the state and am unable to appear. I would like payments and/or to attend Traffic will be required to pay a \$55 administrative fee for Traffic School).	e School. (If approved, I
What is the reason for your request?	
I declare under penalty of perjury that the foregoing is true and correct.	
SIGNATURE	OF DEFENDANT
IT IS ORDERED:	
APPROVED DENIED	
OTHER	
DATE JUDICIAL OFFICE	CER SIGNATURE