


Attorney or Party Without An Attorney (Name, State Bar No. & Address)  Telephone No. Attorney for:	<i>FOR COURT USE ONLY</i>
NAME OF COURT: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: MAILING ADDRESS: CITY, STATE ZIP: DISTRICT NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs.  DEFENDANT:	
<b>GOOD CAUSE DECLARATION AND ORDER</b>	CASE NUMBER

**INSTRUCTIONS:** This form may only be submitted once to the Court and must have all supporting documentation attached at the time it is submitted to the judicial officer. Failure to do so may result in an automatic denial.

*What do you want the court to do?*

- Grant an additional extension of time to pay the fine or complete Traffic School. **(If approved, I will be required to pay a \$30.00 extension fee).**
- Grant an additional extension of time to correct a mechanical violation or obtain out-of-state registration or driver's license proof. **(If approved, I will be required to pay a \$30.00 extension fee).**
- Plead *Not Guilty*, and request a Court Trial, with a bail waiver or Trial by Declaration with bail posted.
- Reduce my fine.
- I live out of the state and am unable to appear. I would like payments and/or to attend Traffic School. **(If approved, I will be required to pay a \$35.00 administrative fee AND/OR a \$55 administrative fee for Traffic School).**

*What is the reason for your request?*

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I declare under penalty of perjury that the foregoing is true and correct.

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SIGNATURE OF DEFENDANT

**IT IS ORDERED:**

- APPROVED**       **DENIED**
- OTHER** \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDICIAL OFFICER SIGNATURE