



COUNTY OF SANTA CLARA

Department of Tax and Collections
852 N 1st Street
San Jose, CA 95112
408-326-1000

Request for Payment Plan

Name:

Driver's License#:

License Plate #:

Citation #:

Registered Owners have an option to enroll in an Indigent Payment Plan or Non-Indigent Payment Plan. Proof of Indigent status must be provided. Non-Indigent Payment Plan will not require proof. Please review Payment Plan Terms and Conditions.

Indigent must provide one of the following:

A. Proof of income from current one month pay stub

Please provide your household size:

I am receiving the monthly income amount of \$

(Documentation Needed)

B. Verification of Benefits Form for Public Assistance or Award Letter for Social Security

Employment

Supplemental Security Income

In-Home Supportive Services (IHSS)

Medi-Cal

Food Stamps

California Work Opportunity (Cal Works)

General Relief (GR), County Relief, or General

Assistance

C. If a person has no income or does not receive Public Assistance, a copy of their yearly earnings from the Social Security Department is required.

Non-Indigent Payment Plan - \$25 due at sign up

Indigent Payment Plan - \$5 due at sign up

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
\$45 - \$150	3 MONTHS	\$30
\$151 - \$450	4 MONTHS	\$40

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
Up to \$450	Up to 18 months	\$25
\$451 and above	Up to 18 months	\$50
\$41 - \$1,000	4 MONTHS	\$120

I certify that all statements are true and correct. Any false or incomplete information may subject me to forfeit my rights to a payment plan.

Signature: _____

Date:

Please mail this form along with your supporting documents to

County of Santa Clara,
C/O Citation Processing Center,
P O Box 10479
Newport Beach, CA 92658-0479

or upload the completed form at www.citationprocessingcenter.com

Department Use Only:

Payment Plan is Granted Denied

Authorization Signature: _____ Date: _____