**COUNTY OF SANTA CLARA**

**Department of Tax and Collections**

**1555 Berger Dr. Bldg. 2, 1st Floor,**

**San Jose, CA 95112**

**408-282-3200**

**Request for Payment Plan**

**Name:** Click or tap here to enter text. **Driver’s License#:**Click or tap here to enter text.

**License Plate #:**Click or tap here to enter text. **Citation #:**Click or tap here to enter text.

**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:**

1. **Proof of income from current one month pay stub**

**Please provide your household size:** Click or tap here to enter text.

**I am receiving the monthly income amount of $**Click or tap here to enter text.

**(Documentation Needed)**

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

[ ]  **Employment**

[ ]  **In-Home Supportive Services (IHSS)**

[ ]  **Food Stamps**

[ ]  **General Relief (GR), County Relief, or General** [ ]  **Assistance**

[ ]  **Supplemental Security Income**

[ ]  **Medi-Cal**

[ ]  **California Work Opportunity (Cal Works)**

1. **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**

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

**Indigent Payment Plan - $5 due at sign up**

|  |  |  |
| --- | --- | --- |
| 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:** Click or tap to enter a 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_