



**Stanislaus County Superior Court
State of California
Traffic Division**

ADVISEMENT AND WAIVER OF RIGHTS, AND PLEA

ADVISEMENT OF RIGHTS

By choosing to enter a plea of Guilty or Nolo Contendere (No Contest), you will be giving up the following rights:

- A. To appear in court for formal arraignment, plea and sentencing;
- B. To have a court trial and to challenge the charges;
- C. To have a speedy court trial and have the charges dismissed if a speedy trial is requested but not provided;
- D. To be represented by an attorney at your own expense;
- E. To subpoena or present witnesses and physical evidence using the power of the court at no cost to you and to testify on your own behalf;
- F. To confront and cross-examine all witnesses under oath testifying against you; and
- G. To remain silent and not testify.

Select one (1) only:

I plead Guilty

I plead Nolo Contendere (No Contest)

By signing below, I declare that I have read and understand these rights and that I am knowingly and voluntarily giving up these rights and that I understand and accept the terms and consequences of my plea.

SIGNED: _____

DATE: _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS
PAYMENT PLAN ENROLLMENT FORM

DATE: _____ **CASE NUMBER:** _____
Last Name: _____ First Name: _____ M. I.: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Date of Birth: _____
Social Security #: _____ Drivers License #: _____
Relative/Friends Name and Phone #: _____

IT IS YOUR RESPONSIBILITY TO MAKE PAYMENTS AS AGREED. PAYMENTS MUST BE PAID EVERY MONTH FOR NO LESS THAN THE AGREED UPON MINIMUM MONTHLY PAYMENT. IF PAYMENTS ARE NOT MADE BY THE AGREED UPON DATE, A CIVIL ASSESSMENT MAY BE ADDED PURSUANT TO PC 1214.1 IN THE AMOUNT OF \$300.00 OR MORE PER CASE AND YOUR LICENSE MAY BE SUSPENDED. SUSPENSION MAY NOT BE LIFTED UNTIL THE TOTAL AMOUNT OWED IS PAID IN FULL.*

***PLEASE NOTE: IF YOUR LICENSE HAS BEEN SUSPENDED IT MAY TAKE 3 TO 5 BUSINESS DAYS FOR YOUR LICENSE TO BE RELEASED.**

WARNING: Should you default on your payment plan your case will be forwarded to the Franchise Tax Board or another outside agency for collections.

Initial here that you understand this statement: _____ **Verified ID** _____

NOTE: Monthly payment amounts will be calculated based upon the full amount of your fines and fees (minus your initial payment) divided by 12 months (the term of the contract) but shall be NO LESS THAN \$20.00 per month. A minimum \$35.00 payment is required to set up your account. If you decide to make a payment for more than your minimum monthly payment amount, you are still required to make your next month's payment (unless it is your final payment).

The above information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

COURT USE ONLY

DO NOT WRITE BELOW THIS LINE

Processed by: _____ Initial Payment: Cash / Check # _____ / MO / CC Amt: \$ _____

Total Amount of Fines and Fees: _____ less _____ = Amount due: _____

Total Monthly Payments: _____

Payment Terms: \$ _____ minimum per month, for _____ months, due on the _____ of each month.

Final Payment: \$ _____ due on the _____ month.

****Please keep this copy of your contract for future reference.****

Payment Options

Checks should be made payable to: Superior Court. Please note that if your case is in failure to pay status, we can no longer accept a personal check. Please remember to always include your name and case number with your payments.

IN PERSON

Superior Court Traffic Division
2260 Floyd Ave.
Modesto, CA 95355

*Hours of Operation 8:00AM-4:00PM Monday-Thursday
8:00AM-12:00PM Fridays*

Cash, checks & credit card [Visa or MasterCard]

DROP BOX*

2260 Floyd Ave.

Located outside the court,

To the right of the glass doors

Checks, money order, or cashier's check

**payments received after 4:00 p.m. will be processed the next business day*

ONLINE

(Fees Apply)

Credit card [Visa or MasterCard] & online check

www.stanct.org

MAIL

Superior Court of California, Traffic Division
2260 Floyd Ave.
Modesto, CA 95355

Check, money order, or cashier's check

PHONE

(Fees Apply)

Credit cards [Visa or MasterCard]

(209) 530-3100 (option 1, 1)