		TR-205	
	NAME OF COURT:	FOR COURT USE ONLY	
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	PEOPLE OF THE STATE OF CALIFORNIA VS.		
	DEFENDANT:		
┝	DEFENDANT:	4	
	REQUEST FOR TRIAL BY WRITTEN DECLARATION (Vehicle Code, § 40902)		
		CITATION NUMBER:	
	TO BE FILLED OUT BY COURT CLERK		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A. DUE DATE (for receipt of this form and any unpaid bail) (specify):	CASE NUMBER:	
В.	Bail amount required: \$		
C.	Bail amount already deposited by defendant: \$		
D.	Date mailed or delivered by clerk:		
E.	Mail or deliver completed form, evidence, and mail to the Clerk of the (specify):	Court at (mailing address):	
	REQUEST FOR TRIAL		
1.	I have reviewed the Instructions to Defendant (Trial by Written Declaration) (form TR-20	00).	
2.	I request to have a trial by written declaration.		
3.	The facts contained in the Declaration of Facts on the reverse are personally known to	me and are true and correct.	
4.	4. I know that I have the right not to be compelled to be a witness against myself. I understand and agree that by making any statement, I am giving up and waiving that right and privilege.		
5.	EVIDENCE The following evidence supports my case and includes everything I want to a. photographs (specify total number): b. medical record f. car repair receipt c. registration documents g. insurance document inspection certificate h. other (specify):		

(Declaration continued on reverse)

PEOPLE v. DEFENDANT (Name):		CASE NUMBER:	
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6.	DECLARATION OF FACTS (Type or print only. State what happened and explain all the items of evidence you checked in item 5 on the reverse and tell how they support your case. You may add additional pages.) (Name): (Current mailing address):		
	STATEMENT OF FACTS (begin here):		
7	Number of pages attached:		
7. Number of pages attached:			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Da	te:		
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