Hayward Police Department
c/o Traffic Enforcement Office
P.O. Box 42034
Phoenix, Arizona 85027

IF YOU WERE NOT THE DRIVER, make sure this address appears in the window of the enclosed envelope.

SI USTED NO ERA EL CONDUCTOR, asegúrese de que esta dirección aparezca en la ventana del sobre incluido.

Traffic Enforcement Office
P.O. Box 42034
Phoenix, Arizona 85027

Bad Driver
Violator Address
San Leandro, CA 91748

Notice of Traffic Violation

Tear Here *Tear Here* *Tear Here*

IF YOU WANT TO " PLEAD NOT GUILTY" AND REQUEST A COURT APPEARANCE, OR WISH TO ATTEND TRAFFIC SCHOOL, make sure this address appears in the window of the enclosed envelope.

SI USTED DESEA "DECLARARSE NO CULPABLE" Y SOLICITE PRESENTARSE ANTE DE LA CORTE, O DESEA ATENDER A LA ESCUELA DE TRÁFICO, asegúrese de que esta dirección aparezca en la ventana del sobre incluido.

Hayward
Hayward Judicial District
24405 Amador Street
Hayward, CA 94544

Tear Here *Tear Here* *Tear Here*

IF YOU WANT TO PAY THE BAIL, make sure this address appears in the window of the enclosed envelope.

SI USTED DESEA PAGAR LA FIANZA, asegúrese de que esta dirección aparezca en la ventana del sobre incluido.

Hayward
Hayward Judicial District
24405 Amador Street
Hayward, CA 94544

OPTION A: AFFIDAVIT OF NON-LIABILITY– IF YOU WERE NOT THE DRIVER

Violator Name:

Citation #:

CHECK ONE: ❑ **I sold the vehicle prior to the violation date to the person named below**
MARQUE UNO ***Vendi el vehiculo antes de la fecha de infraccion a la persona nombrada abajo***

❑ **The person named below was the driver of the vehicle**
La persona nombrada abajo era el conductor del vehiculo

Print Actual Driver/New Owner's Name: _____
Escriba el nombre del conductor en letras de molde

Driver's License / ID No: _____
Numero de licencia de conducir/Numero de identificacion

Address: _____
Domicilio

Issued in the State OF: _____
Expedido en el estado de

City, State, ZIP Code: _____
Cuidad, Estado, Codigo Postal

Date of Birth: _____
Fecha de nacimiento

Gender: _____ **Hair:** _____ **Eyes:** _____ **Height:** _____ **Weight:** _____
Genero ***Cabello*** ***Ojos*** ***Estatura*** ***Peso***

DECLARATION / *DECLARACION*
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND *CORRECT*.
YO CERTIFICO, BAJO PENA PERJURIO, QUE LO QUE ANTECEDE ES LA VERDAD Y ESTA CORRECTO.

Signature / *Firma:* _____ **Print Name / *Escriba su nombre*:** _____

Your Phone Number / *Su numero de telefono:* **( )** _____ **-** _____ **Date / *Fecha:*** _____

Tear Here *Tear Here* *Tear Here*

Violator Name: **Citation #:**

OPTION B: PLEAD NOT GUILTY AND REQUEST A COURT APPEARANCE BY MAIL OR TRIAL BY WRITTEN DECLARATION

OPCION B: DECLARARSE NO CULPABLE Y SOLICITE UNA COMPARECENCIA ANTE LA CORTE POR CORREO O SOLICITE A TRAVES DE UNA DECLARACION ESCRITA UNA COMPARECENCIA ANTE EL TRIBUNAL DE UNA CORTE CERCANA USTED

☐ I wish to Plead Not Guilty and Request a Court Appearance
Deseo declararme no culpable y solicitar una comparecencia ante la corte

☐ I wish to Plead Not Guilty and Request a Trial by Written Declaration
Deseo declararme no culpable y solicitar a traves de una declaracion escrita una comparecencia ante el tribunal en una corte cercana a mi

For additional information, see the Instruction Page.

_____ _____
Signature/Firma Date/Fecha

Violator Name: **Citation #:**

OPTION C: ATTEND TRAFFIC SCHOOL
OPCION C: ATENDER ESCUELA DE TRÁFICO

You must confirm eligibility before returning this coupon at: ~~510-670-6430~~. 510 690-2701 Make Check Payable to the "Clerk of the Court" for $410.00, which includes the bail amount for the violation shown on the back of the Notice to Appear plus $29 for the cost of Traffic School.

Para confirmar si usted es elegible debe de llamar al 510-670-6430 antes de Regresar este cupón. Endorse un cheque pagable a "Clerk of the Court", por la cantidad de $410.00, el cual incluye la fianza de la violacion, mas $29.00 por el costo de la Escuela de Trafico.

☐ I want to attend Traffic School. I have first confirmed that I am eligible to attend.

Deseo atender a la escuela de tráfico. Primero he confirmado que soy elegible para atender.

Tear Here *Tear Here* *Tear Here*

OPTION D: PAY THE BAIL BY MAIL
OPCION D: PAGUE LA FIANZA POR CORREO

Bail Amount: $381.00
Cantidad de fianza

Violator Name: **Citation #:**

IF YOU WERE NOT THE DRIVER, DO NOT SELECT THIS OPTION! SI USTED NO ERA EL CONDUCTOR, NO SELECCIONE ESTA OPCIÓN!

DO NOT SEND CASH/NO ENVÍE DINERO EN EFECTIVO

☐ Check/Cheque Personal ☐ Cashier's Check / Money Order/Cheque De Cajero/ Orden De Dinero

(Make Checks Payable to "Clerk of the Court"/Cheques Pagables a "Clerk of the Court")

☐ Credit Card (Circle one)/ Tarjeta de Credito (Circule una)

Master Card VISA Other

You may also pay by credit card at www.co.alameda.ca.us or by phone at 510 690-2701 ~~510-670-5630~~
(Usted tambien puede pagar con tarjeta de credito en esta pagina de internet www.co.alameda.ca.us o por telefono al 510-690-2701 ~~670-5630~~)

Card Number: _____ Expiration Date: _____
(Numero de tarjeta) (Fecha de vencimiento)

Card Holder Name: _____ Signature: _____ Phone: _____
(Nombre) (Firma) (Numero de telefono)