

SUPERIOR COURT OF CALIFORNIA COUNTY OF MONO

CONTESTING CHARGE(S) BASED ON FALSE IDENTIFICATION

Full Name:	Driver's License Number:	State:
Citation/Ticket Number (if known):	Court Case Number (if known):	
Current Mailing Address:		
	Email Address:	
	RGED AND LEGIBLE PHOTOCOPY OF CENSE WITH THIS FORM.	YOUR DRIVER'S
	, contest the charge(s) against me by declar	
	issued the citation and signed the Notice to A	•
request that the Court refer this matter to t	he appropriate local law enforcement agency,	including the Mono
County District Attorney's Office, for furt	her investigation into the identity of the person	n who was issued the
citation. I agree to cooperate fully with the	e investigation.	
(initial here) I waive my right to	o a speedy trial and understand that the Court	will continue my case to
allow time (45 days) for the investigation.		
(initial here) I request that if the	e investigating law enforcement agency conclu	ides that there is
insufficient evidence that I am the person	who was issued the citation that the Court mal	kes a finding of actual
innocence pursuant to Penal Code Section	530.6 and notify the Department of Motor Ve	ehicles of this finding.
I DECLARE UNDER PENALTY	OF PERJURY UNDER THE LAWS OF	THE STATE OF
CALIFORNIA THAT	THE FOREGOING IS TRUE AND CORE	RECT.
(TYPE OR PRINT YOUR NAME)	(SIGNATURE)	(DATE)