

EMENDATION REQUEST Santa Clara County, Ca.

Instructions: Complete a separate copy for each disputed activity and submit to agency indicated inside parentheses.

TO:

Santa Clara County Superior Court Loc: FAX:	Traffic Facility Loc: FAX:	District Attorney – Main Office FAX:	Sheriff Office ID Unit FAX: 998-1448	Department Of Revenue- SC County FAX: 287-6515	Other: FAX:
Date Sent:	Date Sent:	Date Sent:	Date Sent:	Date Sent:	Date Sent:
Date verified:	Date verified:	Date verified:	Date verified:	Date verified:	Date verified:

Victim Name (LFM)	DOB <input type="checkbox"/> Unk	DL <input type="checkbox"/> Unk	SSN <input type="checkbox"/> Unk
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The above named victim contacted our agency and reported that his/her record shows the following disputed activity:

- A suspension or FTA on his/her DL A pending court action, arrest or conviction Debt collection/
 An outstanding warrant A "primary" Wage garnishment

The disputed activity is presently associated with:

PFN	CEN	Docket	Date of Det/Cite/Arrest	Cite/Case Number
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An investigation by our agency, documented under case/event number _____, has determined that the victim was, in fact, not the person cited/arrested/booked. The identity of the person responsible for the disputed activity

- is listed below; is unknown.

It is therefore requested that the **Traffic Court** recall any warrant and:

- Preconviction Dismiss the citation and remove any order from DL record _____ .(Court)
 Postconviction-true identity known
 Remove any order from DL record _____ and reissue in the below identity. (Court)
 Postconviction-true identity unknown
 Remove any order from DL record _____ . (Court)

ID supported by
<input type="checkbox"/> Prints
<input type="checkbox"/> Photos
<input type="checkbox"/> Signature
<input type="checkbox"/> Admission
<input type="checkbox"/> Circumstantial

It is therefore requested that the **Superior Court:**

- Remove any order from DL record _____ .(Court)
 Reissue any order to the DMV, if cause exists, in the below identity. (Court)

It is therefore requested that the **District Attorney** move to:

- Dismiss the complaint. (DA-Attach any warrant to form)
 Reissue the warrant in the same name but with the new personal identifiers listed below. (DA-Attach warrant to form)
 Amend the complaint name and/or reissue any warrant and/or order of the DMV, if cause exists, in the below identity. Otherwise, dismiss the complaint. (DA-Attach any warrant to form)

Suspect Name (LFM) <input type="checkbox"/> Unk <input type="checkbox"/> ambiguous identity-true name is unk	DOB <input type="checkbox"/> Unk	DL <input type="checkbox"/> Unk	PFN <input type="checkbox"/> Unk
Address <input type="checkbox"/> Unk	SSN <input type="checkbox"/> Unk	Misc No. <input type="checkbox"/> Unk	

- Change primary field data in CJIC as _____ Is CII number on PFN? _____
 Requested below for PFN _____ (D.A.) Yes No
 Switch victim's name and/or DOB with suspect's name and/or DOB.
 Switch primary DL _____ With secondary DL _____ YY00000000
 YY00000000
 Switch primary SSN _____ With secondary SSN _____
 Remove CEN from current PFN history and add it to the suspects PFN history. (S/O ID Unit)
 Stop debt collection/wage garnishment against victim. (Dept of Revenue)
 Add emendation form to court file to correct public record. (Court)

Change approved by D.A.:	CJIC correction Made on:
Y N	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
Approved by:	Date:
	Corrected by:

Other: _____

Requestor Signature	Name/ID no. (print)	Date	Phone	Agency
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