

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT/APPELLANT (<i>Name</i>):	
ABANDONMENT OF APPEAL (Infraction)	CASE NUMBER:

The undersigned defendant and appellant hereby abandons the appeal in the above-entitled action.

Date:

.....
 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DEFENDANT/APPELLANT OR ATTORNEY)

DIRECTIONS: File in the trial court, unless appeal has been transferred, then file at the superior court.

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT/APPELLANT (<i>Name</i>):	CASE NUMBER:
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DIRECTIONS: A copy of this document must be mailed to the district attorney/city attorney at the address listed below. **YOU MAY NOT PERFORM THE MAILING YOURSELF.** You must have a party who is at least 18 years old complete the information below and mail the front and back of this document by first class mail, postage prepaid. When the front and back of this document have been completed and mailed, the original may then be filed with the court.

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and NOT a party to this action. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is (*specify*):

3. I served a copy of the *Abandonment of Appeal* by enclosing it in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. (*Name of county*): District Attorney/City Attorney
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (*city and state*):
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

..... (TYPE OR PRINT NAME)  _____ (SIGNATURE OF DECLARANT)