

Section 1: Request for Administrative Hearing

NAME OF PERSON REQUESTING HEARING		TODAY'S DATE
CITATION NUMBER	DATE OF CITATION	VEHICLE LICENSE PLATE

I am dissatisfied with the results of the Initial Review and request that an Administrative Hearing be scheduled within 90 days. **(Parking penalty must be deposited before hearing will be scheduled unless a financial hardship waiver has been approved. Payment will be refunded if found not liable.)**

Parking penalty: \$ _____

- Charge to my: Visa
 MasterCard
 Check/money order enclosed.

Unable to pay deposit due to financial hardship **(complete section 2, subject to approval).**

COMPLETE THIS SECTION IF PAYING DEPOSIT BY VISA OR MASTERCARD

Card # _____
 Expires ___ / ___ Signature _____
 Name on Card (print) _____

Section 2: Declaration of Financial Hardship and Evidence of Inability to Pay

I declare that I am unable to deposit the parking penalty due to financial hardship, and request that a hearing be granted without the deposit of the parking penalty in advance. The following information is provided as evidence of my inability to pay.

Employment:

- Employed full-time
 Employed part-time
 Unemployed
 Student full-time
 Student part-time
 Homemaker
 Retired
 Other _____

Supported by:

- Self
 Spouse
 Parent(s)
 Public Assistance
 Social Security
 Retirement
 Unemployment
 Other _____

Persons supported:

- Self
 Spouse
 Children (How many? _____)
 Other _____

Enter your current gross **monthly** income from all sources: \$ _____ per month.

Average gross **monthly** income from all sources for the last 12 months: \$ _____ per month.

If unemployed, how many months? _____ Usual occupation? _____

Assets (Estimated Value)	
Motor vehicle(s)	\$
Home	\$
Real estate	\$
Savings account(s)	\$
Checking account(s)	\$
Cash on hand	\$
Other:	\$
Total Assets	\$

Monthly Expenses	
Rent/Mortgage	\$
Utilities	\$
Loans/Credit Cards	\$
Food/Clothing	\$
Transportation	\$
Medical/Dental	\$
Other:	\$
Total Expenses	\$

I certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Signature of Declarant: _____ Date signed: _____

Submit To Issuing Agency: Sierra College Police Services, 5000 Rocklin Road, Rocklin, CA 95677, Phone (916) 781-0570