

H.

REQUEST FOR HARDSHIP WAIVER

If the recipient of a ticket(s) is dissatisfied with the results of the initial review, he/she may request an administrative hearing of the violation no later than 21 calendar days following the e-mailing of the results of the issuing agency's initial review. Pursuant to California Vehicle Code 40215 (b), the individual requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. Cal Poly Humboldt allows individuals to request an Administrative Hearing without submitting a deposit of fees **only** in cases where the individual can demonstrate financial hardship.

Please complete this waiver form and attach the following:

- A copy of the original ticket
- Documentation that supports the information provided in your Statement of Combined Monthly Total Household Income/Expenses

You must provide supporting documentation in order for your request to be reviewed.

Deliver or send waiver request and all documentation to:

Cashiers - Parking
1 Harpst Street • Arcata CA. 95521

REQUESTOR INFORMATION

Name:	
Address:	
Phone Number(s):	
License Plate Number:	
Ticket Number(s):	Fine Amount:

I hereby request to submit a hardship waiver for the above listed ticket(s) so that I may be granted an Administrative Hearing. I understand it is my responsibility to provide an accurate and complete portrayal of my finances and expenditures. I understand that I must provide support documentation for all of my entries; failure to do so will automatically render a denial in my application for a fee waiver. Under penalty of perjury, I certify that all statements made hereon are complete and accurate.

Signature

Date

H.

STATEMENT OF COMBINED MONTHLY TOTAL HOUSEHOLD INCOME/EXPENDITURES – ALL SOURCES

Monthly Income	Monthly Expenses
Adjusted Monthly Gross Income: \$	Rent/Mortgage: \$
Alimony, Other Support Money: \$	Utilities: \$
Public Assistance and Relief: \$	Loans/Credit Cards: \$
Pension, Annuities, Social Security: \$	Food/Clothing: \$
Worker's Compensation, Unemployment Insurance: \$	Medical/Dental: \$
Tax Exempt Interest, Insurance Benefits, Gifts: \$	Vehicle Payment/Insurance: \$
Other: \$	Other: \$
Total Income: \$	Total Expenses: \$

Please attach all supporting documentation before submitting waiver form to PMB.

FOR OFFICIAL USE ONLY

REVIEWED BY: _____ DATE: _____

On behalf of the issuing agency, I have considered this request for fee waiver and based on such request, I recommend:

APPROVAL of the Request for Hardship Waiver. The requestor has demonstrated a present inability to deposit the ticket fine prior to obtaining a hearing date. If the ticket is found Valid by the Administrative Hearing Officer, the requestor is granted the option of a payment plan to pay the total fine amount.

DENIAL of the Request for Hardship Waiver. The requestor has not demonstrated a present inability to deposit the ticket fine prior to obtaining a hearing date. If the ticket is found Valid by the Administrative Hearing Officer, the requestor is *not* granted a payment plan option and must pay the total fine amount *within 21 days of the hearing determination date*.

Signature of Reviewing Officer

Date

Determination Mailed: _____
Date