



**REQUEST TO WAIVE ADMINISTRATIVE HEARING PENALTY DEPOSIT**

**INCOMPLETE OR UNSIGNED FORMS WILL AUTOMATICALLY BE DENIED.**

NAME	PHONE NUMBER
MAILING ADDRESS	CITY, STATE, ZIP
CITATION NUMBER(S)	VEHICLE PLATE NUMBER

**In order to evaluate this request, all documents verifying assets, monthly income, and expense MUST be attached.**

Please complete the following financial information (check all that apply):

**EMPLOYMENT**

- Employed
  - Full-time
  - Part-time
- Unemployed
- Disabled
- Student
- Military
- Other \_\_\_\_\_

**INCOME/SUPPORTED BY:**

- Self
- Spouse
- Parents
- Welfare
- SSI & SSP
- AFDC
- Unemployment
- Other \_\_\_\_\_

**FINANCIAL RESPONSIBLE FOR:**

- Self
- Spouse
- Children (#) \_\_\_\_\_
- Other \_\_\_\_\_

<b>DATE RECEIVED - Initials</b>
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I hereby request a waiver of the administrative hearing penalty deposit based on the inability to pay the amount due and that the hearing proceed on my citation for the following reasons:

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**I attest under penalty of perjury that all information provided by me in this document is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY BELOW THIS LINE**

APPROVED – Penalty amount temporarily waived pending outcome of Administrative Hearing

DENIED - Full penalty deposit required. Administrative Hearing will not be scheduled, and no further arbitration will be available to you if penalty deposit is not received by: \_\_\_\_\_