



City of Pasadena
Department of Transportation - Parking Division
100 N. Garfield Avenue, Rm N106
Pasadena, CA 91101
(626) 744-7665

PASADENA

APPLICATION FOR ADMINISTRATIVE HEARING BAIL WAIVER

In accordance with California Vehicle Code (CVC) § 40215(b), the person requesting an administrative hearing shall deposit the citation fine amount with the processing agency. The issuing agency shall adopt a written procedure to allow a person to request an administrative hearing without payment of the citation fine amount upon satisfactory proof of an inability to pay the amount due.

INSTRUCTIONS FOR COMPLETING THE REQUEST ARE AS FOLLOW:

Bail Waivers are only granted to allow requestors the ability to schedule an Administrative Hearing without having to deposit the citation fine amount. **They do not cancel the citation fine amount.** Based on the information you provide; the City of Pasadena will determine whether or not you qualify for a bail waiver. Please do not send original documents as submitted documents will not be returned to you. If a Bail Waiver is granted and the requestor is subsequently found liable during the Administrative Hearing, all fines, penalties and fees must be paid. To apply for a Bail Waiver, you must provide the requested documentation within 21 calendar days from the mailing date of the Result of Administrative Review. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver.

The application and supporting documentation must be completed and returned to the address below by the due date listed on your "Result of Administrative Review."

City of Pasadena
C/O CITATION PROCESSING CENTER
PO BOX 10479
Newport Beach, CA 92658-0479

**CITY OF PASADENA
ADMINISTRATIVE HEARING BAIL WAIVER REQUEST**

Per CVC § 40215(b), the following information is required as proof of inability to deposit the full amount of citation fine amount prior to the Administrative Hearing.

APPLICANT INFORMATION			
Last Name:	First Name:	Date of Birth:	SSN:
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:	
Age and Relationship of Each Dependent:			

Please complete the following Financial Information:

INCOME INFORMATION		
1. INCOME:	2. SUPPORTED BY:	3. PERSONS YOU SUPPORT:
<input type="checkbox"/> Employment – Full-time	<input type="checkbox"/> Self	<input type="checkbox"/> Self
<input type="checkbox"/> Part-time (# hrs./wk.): _____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Parents	<input type="checkbox"/> Children (# of):
<input type="checkbox"/> Disability	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Other
<input type="checkbox"/> Social Security	<input type="checkbox"/> Other:	TOTAL:
<input type="checkbox"/> Cal Fresh:	<input type="checkbox"/> Other:	

Occupation:

If unemployed, number of months unemployed:

MONTHLY INCOME		MONTHLY EXPENSES	
Salary/Wages	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities	\$
Disability	\$	Loans	\$
Social Security	\$	Credit Cards	\$
Welfare	\$	Food/Clothing	\$
Other:	\$	Transportation	\$
Other:	\$	Medical/Dental	\$
Other:	\$	All Other	\$

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

IF YOU ARE FOUND LIABLE FOR THE CITATION YOU MUST MAKE FULL PAYMENT WITHIN THIRTY (30) DAYS OF THE DATE OF THE RESULT OF ADMINISTRATIVE HEARING. IF PAYMENT IS DELINQUENT THE TOTAL AMOUNT DUE, INCLUDING PENALTIES, MUST BE PAID IN FULL IMMEDIATELY.

I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

Signature: _____ Date: _____

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OFFICIAL USE ONLY: **GRANTED** **DENIED**

Request Received Date: _____ Reviewed by: _____

Authorized Signature: _____