



City of Pasadena
Department of Transportation - Parking Division
221 East Walnut Street #199
Pasadena, CA 91101
(626) 744-7665

In accordance with California Vehicle Code (CVC) § 40215(b):

The person requesting an administrative hearing shall deposit the amount of the parking penalty 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 parking penalty upon satisfactory proof of an inability to pay the amount due.

THE PURPOSE OF THIS REQUEST IS TO DEFER PAYMENT OF THE PARKING CITATION FINES PENDING THE RESULTS OF THE ADMINISTRATIVE HEARING. THIS DOES NOT CANCEL YOUR FINES. INABILITY TO PAY DOES NOT INVALIDATE THE CITATION.

INSTRUCTIONS FOR COMPLETING THE REQUEST ARE AS FOLLOWS:

1. You must complete the enclosed application in full and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, verification of benefits, IRS tax filing, or other government issued documentation to prove your inability to pay. Failure to submit a complete application and supporting documentation will result in an automatic denial of the deposit deferral request.
2. The application and supporting documentation must be completed and returned by the due date listed on your "Review Outcome Upheld Notice":

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

3. If you are unsuccessful at the administrative hearing, you must make full payment within five (5) business days of the date of the letter stating that your administrative hearing appeal was denied.
4. If your citation is delinquent and has accrued a penalty, you are not eligible to apply for the deposit deferral. The total amount due, including penalties, must be paid in full immediately.

CITY OF PASADENA

ADMINISTRATIVE HEARING DEPOSIT DEFERRAL REQUEST

As per CVC § 40215(b), the following information is required as proof of inability to deposit the full amount of the parking penalty prior to the Administrative Hearing.

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Parking Citation #: _____ Date Issued: _____ Due Date: _____

Additional Citation #s being contested (if any): _____

In order for your request to be considered, you must complete this application in full and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, IRS tax filing, or other government issued documentation to support the following information:

1. INCOME:

- Employment – Full-time
- Part-time (# hrs/wk): _____
- Unemployment
- Disability
- Social Security
- CalFresh
- Other: _____

2. SUPPORTED BY:

- Self
- Spouse
- Parents
- Child(ren)
- Other: _____

3. PERSONS YOU SUPPORT:

- Self
- Spouse
- Children (# of): _____
- Other: _____
- TOTAL: _____

4. Occupation: _____ If unemployed, number of months unemployed: _____

5. MONTHLY INCOME

Salary/Wages	\$	_____
Unemployment	\$	_____
Disability	\$	_____
Social Security	\$	_____
Welfare	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____

6. MONTHLY EXPENSES

Rent/Mortgage	\$	_____
Utilities	\$	_____
Loans	\$	_____
Credit Cards	\$	_____
Food/Clothing	\$	_____
Transportation	\$	_____
Medical/Dental	\$	_____
All Other	\$	_____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

7. Cash balances:

Checking Accounts: \$ _____ Savings: \$ _____ Cash on Hand: \$ _____

IF YOU ARE FOUND LIABLE FOR THE CITATION YOU MUST MAKE FULL PAYMENT WITHIN FIVE (5) BUSINESS DAYS OF THE DATE OF THE LETTER STATING THAT YOU HAVE BEEN FOUND LIABLE. 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: _____

FOR CITY USE ONLY:

GRANTED

DENIED

Reviewed by: _____

Title: _____

Authorized Signature: _____

Date: _____