



City of Laguna Niguel
**HARDSHIP WAIVER FOR
ADMINISTRATIVE HEARING**

CITY OF LAGUNA NIGUEL

30111 Crown Valley Parkway
Laguna Niguel, California, 92677
(800) 969-6158

This Waiver along with the Hearing Request must be received by the City within 20 days from the citation issuance date. The forms must be mailed to City of Laguna Niguel C/O Citation Processing Center, P.O. Box 7275, Newport Beach, CA 92658-7275. For questions about the hearing request, please call (800) 969-6158

A complete mailing address is required.

Name: _____ Citation #: _____ CE Case # _____

Address: _____ Telephone # _____

City/State/Zip: _____ Email _____

REQUEST FOR HEARING ACCORDING - SECTION 1-3-20 OF THE LAGUNA NIGUEL MUNICIPAL CODE

If you wish to have an Administrative Hearing because you are contesting the Administrative Citation, and you cannot afford to pay the fine prior to requesting a hearing, you may have the fine waived for the hearing if one of the following programs applies to you. If the waiver is denied, the citee shall pay the fine amount within seven days.

Check box that applies to you, submit required document(s) and sign application.

1. **I am receiving financial assistance under one or more of the following programs:**

A. SSI and SSP (Supplemental Security Income/State Supplemental Payments)

*Provide copy of Medi-Cal Card or Notice of Planned Action or SSI computer generated printout or bank statement showing SSI deposit or "Passport to Services"

B. CalWORKs/TANF aka AFDC (Aid to Families with Dependent Children)

*Provide copy of Medi-Cal card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"

C. Food Stamp Program

*Provide copy of Notice of Action or Food Stamp ID Card or "Passport to Services"

D. General Relief/General Assistance

*Provide copy of Notice of Action or Copy of Check Stub or County Voucher

2. **My total gross monthly household income is less than the following amounts:**

*Circle correct number in family and provide copy of recent pay stub and/or other supporting documents.

Number in Family	Family/Household Income	Number in Family	Family/Household Income
1	\$ 969.79	6	\$ 2,626.04
2	\$ 1,301.04	7	\$ 2,957.29
3	\$ 1,632.29	8	\$ 3,288.54
4	\$ 1,963.54	each additional	\$ 331.25
5	\$ 2,294.79		

3. **None of the above applies to me but I need a waiver because:**

Print Name

Signature

Date

PLEASE SEE REVERSE FOR IMPORTANT INFORMATION

Sec. 1-3-21. - Waiver of fine deposit.

- (a) A person who files a request for an administrative hearing may also request at the same time a hardship waiver of the fine deposit. To seek such a waiver, the citee must check the box indicating this request on the form for requesting an administrative hearing and attach a statement of the grounds for the request. To be effective, the completed form requesting the administrative hearing and the waiver must be received by the issuing director within 20 days of the date the citation is issued.
- (b) The person requesting the waiver bears the burden of establishing by substantial evidence that he or she does not have the financial ability to make the deposit of the fine.
- (c) The waiver request will be decided by the issuing director based on the information provided by the citee. The issuing director shall send the citee a notice of decision.
- (d) If the waiver is denied, the citee shall pay the fine amount within seven days. Failure to make the deposit by the time required shall be deemed an abandonment of the contest. Upon receipt of the fine amount, the administrative hearing to contest the citation shall be set pursuant to section 1-3-22.
- (e) The filing of a request for hardship waiver of the fine deposit does not extend any time periods set forth in this article, except the time when the fine deposit must be made.
- (f) The issuing director's decision on the waiver request is final and not subject to appeal.

(Ord. No. 2006-142, § 1, 2-21-06)