



City of Arts & Innovation

3900 Main Street
Riverside, CA 92522
(951) 826-5311

INFORMATION ABOUT THE

APPLICATION FOR WAIVER OF PENALTY FOR PARKING VIOLATION ADMINISTRATIVE HEARING

Pursuant to the California Vehicle Code (40215), the individual requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. In the event that an individual is unable to pay the parking penalty and can satisfactorily prove to the City their inability to pay the amount due, the City may waive the pre-payment requirement. To request a waiver of the penalties so that you may attend a hearing, please complete the Application for Waiver of Penalty Form.

The information you provide will assist the City of Riverside in deciding whether you qualify for a waiver of the pre-payment requirement. Please do not send original documents. The documents you provide will not be returned to you. The hardship waiver program is voluntary and waivers are only granted to allow the requestor the ability to schedule an Administrative Hearing without having to pre-pay the assessed penalty. If a hardship 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 waiver of penalty, you must provide the requested documentation within 21 calendar days from the mailing date of the initial citation review results. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver.



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APPLICATION FOR WAIVER OF PENALTY FOR PARKING VIOLATION ADMINISTRATIVE HEARING

Defendant's Name: _____ Citation No.: _____ License Plate No.: _____

Address: _____ Phone No.: _____ Penalty Amount: \$ _____

I hereby request a waiver of the required penalty for hearing for the Parking Citation above.

For the following reason: _____

Please complete the following Financial Information:

Employment	Income Source:	Financially Responsible For:
<input type="checkbox"/> Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed (# of months:____) <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Military <input type="checkbox"/> Other:_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Welfare <input type="checkbox"/> SSI & SSP <input type="checkbox"/> AFDC <input type="checkbox"/> County/General Relief <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children (#:____) <input type="checkbox"/> Other:_____ <input type="checkbox"/> Total:_____

Your **NET** monthly income (take home pay, welfare, etc.): \$ _____ Occupation: _____

Assets (Value)		Monthly Expenses	
Motor Vehicle(s)	\$ _____	Rent/Mortgage	\$ _____
Home	\$ _____	Utilities	\$ _____
Property	\$ _____	Loans/Credit Cards	\$ _____
Saving Account(s)	\$ _____	Food/Clothing	\$ _____
Checking Account(s)	\$ _____	Transportation	\$ _____
Cash on Hand	\$ _____	Medical/Dental	\$ _____
All Other	\$ _____	All Other	\$ _____
Total Assets	\$ _____	Total Expenses	\$ _____

In accordance with Section 40215 (b) of the State of California Vehicle Code, I am requesting a waiver of the parking citation penalty prior to an administrative hearing. I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my citation is not dismissed, I understand I must pay the entire amount of the penalty.

Signature: _____ Printed Name _____ Date: _____

Mail to:
City of Riverside
PO Box 3808
Tustin, CA 92781-3808

In Person:
City Hall, 4th Floor Parking Services
3900 Main Street
Riverside, CA 92522

FOR DEPARTMENT USE ONLY

Waiver Form Received: _____

Waiver of Penalty: Granted Denied