

**CITATION
PROCESSING
CENTER**

P.O. BOX 4367
INGLEWOOD, CA 90309-4367
TEL: 1-866-412-5565
FAX: 1-310-330-5755
<http://www.ptsonline.org>

REQUEST FOR WAIVER OF HEARING DEPOSIT

Respondent's Name: _____ Citation Number: _____
Address: _____ Date of Citation: _____
City, State & Zip: _____ Vehicle License Number: _____
Phone Number: _____ Permit Number: _____

I hereby request a waiver of the required deposit and that the Hearing Examiner proceed with Administrative Hearing for the following: _____

Please complete the following:

1. EMPLOYMENT: <input type="checkbox"/> Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Military <input type="checkbox"/> Other _____	2. SUPPORTED BY: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Welfare <input type="checkbox"/> S.S.I. <input type="checkbox"/> A.F.D.C <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3. PERSONS SUPPORTED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children (# of) _____ <input type="checkbox"/> Other Total _____
---	---	---

4. Your NET income (take home pay, welfare, etc.): \$ _____ every _____ days.

5. If unemployed: Months of unemployment _____ Occupation _____

6. ASSET (value) Motor Vehicle(s) \$ _____ Home \$ _____ Property \$ _____ Savings Account(s) \$ _____ Checking Account(s) \$ _____ Cash on Hand \$ _____ All Others \$ _____ TOTAL ASSETS \$ _____	7. MONTHLY EXPENSES Rent/Mortgage \$ _____ Utilities \$ _____ Loans/Credit Cards \$ _____ Food/Clothing \$ _____ Transportation \$ _____ Medical/Dental \$ _____ All Other \$ _____ TOTAL EXPENSES \$ _____
--	--

8. If a fine is imposed, how much can you afford to pay each month? \$ _____

RESPONDENT'S SIGNATURE _____ DATE _____

FOR HEARING EXAMINER'S USE ONLY

Waiver of Fee Deposit: GRANTED DENIED

Agency Signature

Date