

ADMINISTRATIVE CITATION

REQUEST FOR HEARING APPLICATION

ONLY PERSON(S) LISTED ON THE ADMINISTRATIVE CITATION MAY REQUEST A HEARING.
(File 2 copies)

Citation# _____ Issuing Date of Citation: _____ Fine Amount: _____

Name of Issuing Officer on Citation: _____

Citation Issued To: _____

Mailing Address: _____ Phone# _____

Violation Address: _____

Violation Description: _____

Please explain your reason for believing this citation was issued in error:

PLEASE MARK THE APPROPRIATE RESPONSES BELOW

- I WILL APPEAR** at the appointed time for the Administrative Hearing to present my case to the Hearing Officer.
- I WILL NOT APPEAR** to present my case and I request the Hearing Officer to review my case and submit the results by mail.

I declare under penalty of perjury that I am the cited individual and the foregoing statement and information provided by me is true and correct.

Signature: _____ Date: _____

NOTICE: IF YOU FAIL TO SUBMIT THIS FORM WITH PAYMENT OR THE FEE WAIVER FORM WITHIN THIRTY (30) DAYS OF THE ISSUANCE OF THE ADMINISTRATIVE CITATION, YOU WILL FORFEIT YOUR RIGHT TO AN ADMINISTRATIVE HEARING AND YOU WILL NOT BE ABLE TO APPEAL THE CITATION AT A LATER DATE.

Paid: _____ Received by: _____ Receipt No: _____ Date: _____

In accordance with San Benito County Code Section §1.04.007, any person receiving an administrative citation may contest the citation by completing this form and returning it to the County of San Benito within thirty (30) days from the issuance date of the administrative citation, together with an advanced deposit of the total fine amount or submittal of Advance Deposit Hardship Waiver.

If you are financially unable to make the advance deposit, you may file a request for an Advance Deposit Hardship Waiver with your hearing request. You must provide a sworn affidavit, together with any supporting documents or materials, demonstrating to the satisfaction your actual financial inability to deposit with the County the full amount of the fine in advance of the hearing. Examples of documents are payroll stubs, verification of monthly social security benefits, or bank statements.

The requirement of depositing the full amount of the penalty shall be stayed until the County Administrative Officer, or his/her designee makes a full determination of whether to issue or deny the advance deposit hardship waiver. Should the County Administrative Officer or his /her designee determines not to issue an advanced deposit hardship waiver, the original advance deposit amount must be remitted to the County within ten (10) days of service of that decision. If the deposited is not remitted, the hearing will not be scheduled.

You shall be notified of the time and place set for the hearing via mail, personal service, or by posting of the property at least ten (10) days prior to the date of the hearing. A hearing before a Hearing Officer shall be set for a date that is not less than fifteen (15) days and not more than sixty (60) days from the date the request for a hearing is filed

This request form must be completed and submitted with your payment to the Clerk of the Board, 481 Fourth Street, Hollister, CA 95023, within 30-days of the issuance date of the administrative citation. Personal checks or money orders must be made payable to the County of San Benito.

Paid: _____ Received by: _____ Receipt No: _____ Date: _____