



REQUEST FOR HARDSHIP WAIVER

(USE WITH REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION)

(Please Print)

(See page 2 for instructions)

1. **Citation Number:** _____

2. **Your Information** (*person requesting hardship waiver/appellant*):

Name: _____

Address: _____

Phone: _____

3. **Job Title**, if you have one:

Name of Employer: _____

Employer's address: _____

4. **Your Lawyer**, if you have one (*name, firm or affiliation, address, phone number, and State Bar number*):

a. The lawyer has agreed to advance all or a portion of your deposit (*check one*): ☐ Yes -or- ☐ No

b. Lawyer's signature: _____

5. **Basis for requesting waiver of the advance deposit:**

a. ☐ I participate in the following assistance program(s) available only to persons having low or very low income (*check all that apply*):

☐ Food Stamps, ☐ Supp. Sec. Inc., ☐ SSP, ☐ Medi-Cal, ☐ County Relief/Gen. Assist., ☐ IHSS,

☐ CalWORKS or Tribal TANF, ☐ CAPI, and/or, ☐ other (*specify*): _____

(*see CA Gov. Code section 68632(a) for full program names*)

b. ☐ My gross monthly household income (before deductions for taxes) is less than 125% of the current poverty guidelines (see CA Government Code section 68632(b)). For 2017, this amount is as follows:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people, add \$435.42 for each extra person.
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	

c. ☐ I do not have enough income to pay for my household's basic needs *and* the advance deposit. (*If you check box 5c, you must provide supporting information, and may do so in the space provided on page 2*)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

DATE

YOUR SIGNATURE (*Person Requesting Waiver*)

NOTICE: This request and any resulting waiver, if granted, is limited to and respects only the advance deposit otherwise required to complete a request for appeal of administrative citation. A successful request for waiver shall not constitute a waiver of the penalty indicated in the citation, and appellant will owe the full amount of the penalty after hearing, unless otherwise determined by the hearing officer.

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Dept. of Planning & Building Services
860 North Bush Street
Ukiah, CA 95482
(707) 234-6650

Fort Bragg Office:

Mendocino County
Dept. of Planning & Building Services
120 West Fir Street
Fort Bragg, CA 95437
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(updated 6/27/17)