

REQUEST FOR HARDSHIP WAVIER

(USE WITH REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION)

(Please Print)	(See page 2 for instructions)
1. Citation Number:	

2	Vour Informat	tion (norson	requesting	hardshin	waiver/an	ollant)

Name:	
Address:	
Phone:	
- 3 Joh Tit	itle, 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*): \Box Yes -or- \Box No
- b. Lawyer's signature:

5. Basis for requesting waiver of the advance deposit:

- a. \Box I participate in the following assistance program(s) available only to persons having low or very low income (*check all that apply*):
 - \Box Food Stamps, \Box Supp. Sec. Inc., \Box SSP, \Box Medi-Cal, \Box County Relief/Gen. Assist., \Box IHSS,
 - \Box CalWORKS or Tribal TANF, \Box CAPI, and/or, \Box other (*specify*): _____
 - (see CA Gov. Code section 68632(a) for full program names)
- b. \Box 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
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	\$435.42 for each extra
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	person.

c. \Box 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.



REQUEST FOR HARDSHIP WAVIER (Use With Request For Appeal of Administrative Citation)

INSTRUCTIONS: Use this form to request County of Mendocino to waive the advance deposit requirement associated with filing a request for appeal of an administrative citation. <u>To complete this form</u>: (1) Identify the citation number associated with your request for appeal; (2) follow the instructions embedded in numbers 2-5; (3) if you wish to list any additional facts or provide supporting document(s), use the space and check box provided on this page, and (4) sign and date at the bottom of page one. Once completed, submit this form at the same time and in the same manner as your request for appeal.

ADDITIONAL INFORMATION:

To list any other facts you want the Director of the Department, or his authorized designee, to consider when making a determination on your request for a hardship waiver, please use the space below, and/or indicate the number of pages you are attaching after checking the box below.

□ Number of attached pages (if any): ____

Check this box if: (i) you require additional space, or (ii) you are attaching supporting document(s). Notice: Do NOT provide original supporting documents, only copies – documents will not be returned.