

**CITY OF LOS ANGELES  
DEPARTMENT OF TRANSPORTATION  
PARKING ADJUDICATION SERVICES**

INFORMATION SHEET ON FEE WAIVER OF PARKING CITATIONS

Pursuant to California Vehicle Code 40215(b), payment of the parking fines (penalty) is required after the initial review when a determination has been made that a citation is valid. The City of Los Angeles allows individuals to request an Administrative Hearing without first paying the fines, but **only** in cases where the individuals can document that they meet the criteria. **If your pre-payment waiver request is denied, the bail amount must be paid in order for hearing proceedings to begin.**

**Option #1.** If you are claiming eligibility for a waiver of fees because you receive financial assistance under one or more of the programs listed below, you must produce official documentation, such as a copy of electronic benefits card, confirming benefits from a public assistance agency.

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal

OR

**Option #2.** Total gross household income is equal to or less than the following:

# of Persons in Household	2018 Monthly Guidelines	2018 Annual Guidelines
1	\$1,265	\$15,175
2	\$1,715	\$20,575
3	\$2,165	\$25,975
4	\$2,615	\$31,375
5	\$3,065	\$36,775
6	\$3,515	\$42,175
7	\$3,965	\$47,575
8	\$4,415	\$52,975

To apply for a fee waiver, fill out the Application for a Fee Waiver and submit the completed form with all required support documentation for all entries. Failure to provide supporting documentation will result in your Fee Waiver being automatically denied and you will not have an opportunity to submit additional information. ALL approval or denial of Fee Waivers will be in writing and mailed to the contestant. The decision rendered is final and cannot be disputed.

**APPLICATION FOR A WAIVER OF CITATION FINES FOR ADMINISTRATIVE HEARING**

Mail to: Parking Violations Bureau, PO Box 30420, Los Angeles, CA 90030

<b>Name:</b>		
<b>Address:</b>		
<b>City, State, and Zip Code:</b>		
<b>Telephone number:</b>		<b>License Plate:</b>
<b>CITATION(S) #</b>	<b>AMOUNT OF FINE</b>	<b>DUE DATE</b>

I hereby request to submit a Fee Waiver for the above listed citations so I may be granted an Administrative Hearing. Under penalty of perjury, I certify that all statements made are accurate and I agree to provide supporting documentation for all entries. I have read the "Information Sheet on Fee Waiver" and understand this application is subject to approval and review based on the criteria established.

Note: If your pre-payment waiver request is denied, or you are found liable during the hearing, all fines must be paid.

**Signature and Date required:** \_\_\_\_\_  
 \*\*\*\*\*

In order to qualify for a Pre-Payment Fee Waiver, please check each item that applies to you. You will be required to submit supporting documentation for each entry; failure to do so will result in an automatic denial of your Pre-Payment Fee Waiver Application. Mail the completed form with supporting documentation to: Parking Violations Bureau, PO Box 30420, Los Angeles, CA 90030.

I am receiving financial assistance under one or more of the following programs:

- |  |  |
|--|--|
| <input type="checkbox"/> SSI and SSP*                        | <input type="checkbox"/> Cal Works or TANF*  |
| <input type="checkbox"/> Food Stamps Program*                | <input type="checkbox"/> General Relief/General Assistance*                              |
| <input type="checkbox"/> In Home Supportive Services (IHSS)* | <input type="checkbox"/> Assistance for Aged Blind and Disabled Legal Immigrants (CAPI)* |
| <input type="checkbox"/> Medi-Cal*                           |  |

\* Supporting documentation is required; without supporting documentation your application will be denied.

OR

My total gross household income is less than the amount shown on the Information Sheet on Fee Waiver. (If you checked this box, you must provide supporting documentation such as you most recent W-2, pay stubs, or bank statement showing you annual or monthly income).

Number in Family:

Gross (before deductions) Household Income: