

Fresno State Police Department
Traffic Operations
REQUEST FOR WAIVER OF PENALTY DEPOSIT
CVC 40215(b)

NAME: _____ CITATION NUMBER: _____
ADDRESS: _____ TELEPHONE NUMBER: _____

I hereby request a waiver of parking penalty deposit based on an inability to pay the amount due and that the hearing proceed on my citation for the following reasons: (attach additional pages if necessary)

PLEASE COMPLETE THE FOLLOWING:

1. EMPLOYMENT
(Check all that apply)

- Employed
- Full-time
- Part-time
- Unemployed
- Disabled
- Military
- Student
- Homemaker
- Other _____

2.SUPPORTED BY:
(Check all that apply)

- Self
- Spouse
- Parents
- Welfare
- S.S.I.
- A.D.C.
- Unemployment
- Other _____

3. PERSONS SUPPORTED:
(Check all that apply)

- Self
- Spouse
- Children (# of) _____
- Self
- Other _____

4. NET INCOME PER MONTH _____

5. ASSETS (Value)

Motor Vehicle(s) \$ _____
Home \$ _____
Checking Account(s) \$ _____
Savings Account \$ _____
Cash on Hand \$ _____
Other \$ _____

6. MONTHLY EXPENSES

Rent/Mortgage \$ _____
Utilities \$ _____
Loans/Debt \$ _____
Food/Clothes \$ _____
Transportation \$ _____
Medical/Dental \$ _____

7. ATTACH DOCUMENTS VERIFYING ASSETS, MONTHLY INCOME AND EXPENSES.

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature: _____

Office Use Only Approved: _____ Denied: _____ Date: _____ Signature: _____