

CITY OF HERMOSA BEACH
REQUEST FOR NON-PAYMENT OF FINES PRIOR TO ADMINISTRATIVE HEARING

Name of driver of vehicle: _____
 Street Address of driver of vehicle: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone number: (____) _____ Work Telephone: (____) _____
 Social Security Number: _____

I hereby request the City of Hermosa Beach to waive the deposit of my bail prior to having my Administrative Hearing for the following reasons: _____

Please complete this form entirely. *Failure to do so will be cause for denial of your request.*

1. EMPLOYER: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
2. SUPPORTED BY: _____
 (Name and Relationship of persons providing support)
3. NUMBER OF PERSONS SUPPORTED (include yourself): _____
4. Your NET Income (take-home pay, welfare, etc.): \$ _____ weekly bi-weekly monthly
5. If unemployed, months of unemployment _____ Occupation _____

ASSETS (Value)		MONTHLY EXPENSES	
Motor Vehicle(s)	\$ _____	Rent/Mortgage	\$ _____
Home	\$ _____	Utilities	\$ _____
Property	\$ _____	Loans/Credit Cards	\$ _____
Savings Account(s)	\$ _____	Food/clothing	\$ _____
Savings Account #	_____	Transportation	\$ _____
Checking Account(s)	\$ _____	Medical/Dental	\$ _____
Checking Account #	_____	All Other	\$ _____
	\$ _____	Cash on Hand	_____
TOTAL ASSETS	\$ _____	<u>TOTAL VERIFIABLE</u>	
		<u>EXPENSES</u>	\$ _____

Submit with this form; copies of pay stubs, social security payment statements, unemployment compensation forms, welfare statements, State or Federal Income Tax Returns or other documents that will verify your income.

I attest, under penalty of perjury, that the information provided within this request is true and correct. Further, I understand that the amount I currently owe may be increased to include penalties for late payment of parking penalties.

Signature of Registered Owner: _____

Date: _____

FOR CITY USE ONLY

Request: Granted Denied

 Signature of City Official

 Date