

## CITY OF GARDEN GROVE

### APPLICATION FOR WAIVER OF ADVANCED DEPOSIT OF FINE

#### **FILE WITH:**

City Clerk's Office  
City of Garden Grove  
11222 Acacia Parkway  
P.O. Box 3070  
Garden Grove, CA 92842-3070  
(714) 741-5040

- Please understand this form **does not** waive the administrative fine. If the waiver is approved, it allows you to have an Administrative Hearing without depositing the fine before the hearing date.
- To apply, fill out the attached Application and submit to the City Clerk's Office within thirty (30) calendar days from the **issuance date** of the citation.
- If your Application for Waiver is **denied**, you must pay the full amount of the Administrative Fine to the Garden Grove City Clerk's Office within seven (7) CALENDAR days of the postmark date on the envelope that was on your denial letter.
- In the event the City Clerk's Office does not receive the full amount of the fine in the required period: (i) a late charge shall be imposed; (ii) the request for a hearing shall be deemed incomplete and untimely; and (iii) the recipient of an administrative citation shall have waived the right to a hearing and the citation shall be deemed final (Municipal Code Section 1.22.030(d)(6)).

Waiver No. \_\_\_\_\_

## CITY OF GARDEN GROVE APPLICATION FOR WAIVER OF ADVANCED DEPOSIT OF FINE

ADMINISTRATIVE CITATION NO:	DATE ISSUED:	
NAME:	PHONE NO.:	
RESIDENCE/MAILING ADDRESS:		
CITY	STATE	ZIP CODE

I request a waiver of the advance deposit because: (If more room is needed, please attach another page.)

<b>1. EMPLOYMENT:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Military <input type="checkbox"/> Other _____	<b>2. SUPPORTED BY:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Welfare <input type="checkbox"/> S.S.I. <input type="checkbox"/> A.F.D.C. <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	<b>3. PERSONS SUPPORTED:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children (# of) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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4. Your **NET** Income (take home pay, welfare, etc.):  
 \$ \_\_\_\_\_ every \_\_\_\_\_ days.

5. If employed, please provide your occupation, employer's name, address and telephone number.  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Telephone No. \_\_\_\_\_

6. If unemployed, months of unemployment: \_\_\_\_\_ Occupation: \_\_\_\_\_

7. ASSETS (Value) \_\_\_\_\_ 8. MONTHLY EXPENSES \_\_\_\_\_

<table style="width: 100%;"> <tr><td>Motor Vehicle(s)</td><td>\$ _____</td></tr> <tr><td>Home</td><td>\$ _____</td></tr> <tr><td>Property</td><td>\$ _____</td></tr> <tr><td>Savings Account(s)</td><td>\$ _____</td></tr> <tr><td>Checking Account(s)</td><td>\$ _____</td></tr> <tr><td>Cash on Hand</td><td>\$ _____</td></tr> <tr><td>All Other (e.g., jewelry, furniture, stocks, bonds, etc.)</td><td></td></tr> <tr><td>(1) _____</td><td>\$ _____</td></tr> <tr><td>(2) _____</td><td>\$ _____</td></tr> <tr><td>(3) _____</td><td>\$ _____</td></tr> <tr><td><b>TOTAL ASSETS</b></td><td><b>\$ _____</b></td></tr> </table>	Motor Vehicle(s)	\$ _____	Home	\$ _____	Property	\$ _____	Savings Account(s)	\$ _____	Checking Account(s)	\$ _____	Cash on Hand	\$ _____	All Other (e.g., jewelry, furniture, stocks, bonds, etc.)		(1) _____	\$ _____	(2) _____	\$ _____	(3) _____	\$ _____	<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<table style="width: 100%;"> <tr><td>Rent/Mortgage</td><td>\$ _____</td></tr> <tr><td>Utilities</td><td>\$ _____</td></tr> <tr><td>Loans/CR Cards</td><td>\$ _____</td></tr> <tr><td>Food/Clothing</td><td>\$ _____</td></tr> <tr><td>Transportation &amp; Auto Expenses (e.g. insurance, gas, etc.)</td><td>\$ _____</td></tr> <tr><td>Medical/Dental</td><td>\$ _____</td></tr> <tr><td>Installment Payments (specify purpose and amount)</td><td></td></tr> <tr><td>(1) _____</td><td>\$ _____</td></tr> <tr><td>(2) _____</td><td>\$ _____</td></tr> <tr><td>(3) _____</td><td>\$ _____</td></tr> <tr><td>All Other (specify)</td><td></td></tr> <tr><td>(1) _____</td><td>\$ _____</td></tr> <tr><td>(2) _____</td><td>\$ _____</td></tr> <tr><td>(3) _____</td><td>\$ _____</td></tr> <tr><td><b>TOTAL EXPENSES</b></td><td><b>\$ _____</b></td></tr> </table>	Rent/Mortgage	\$ _____	Utilities	\$ _____	Loans/CR Cards	\$ _____	Food/Clothing	\$ _____	Transportation & Auto Expenses (e.g. insurance, gas, etc.)	\$ _____	Medical/Dental	\$ _____	Installment Payments (specify purpose and amount)		(1) _____	\$ _____	(2) _____	\$ _____	(3) _____	\$ _____	All Other (specify)		(1) _____	\$ _____	(2) _____	\$ _____	(3) _____	\$ _____	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
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**You must send supporting documentation showing why you are unable to pay the full fine. This application will be disregarded if proper documentation is not received. If a fine is imposed, you will be liable to pay the full fine amount.**

I declare under penalty of perjury that the foregoing statement and information is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR CITATION PROCESSING CENTER USE ONLY</b>	
Date: _____	Waiver <input type="checkbox"/> Granted <input type="checkbox"/> Denied Signature: _____

**INFORMATION SHEET ON APPLICATION FOR WAIVER OF ADVANCED DEPOSIT OF FINE**

If you cannot afford to pay the citation fine prior to your Administrative Hearing, the fine may be waived until the decision of the Administrative Hearing if:

1. You are receiving **financial assistance** under one or more of the following programs:
  - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
  - CalWORKS (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
  - The Food Stamp Program
  - County Relief, General Relief (GR), or General Assistance (GA)

If you are claiming eligibility for a waiver of fee because you receive financial assistance under one or more of these programs, you must produce documentation confirming benefits from public assistance agency or one of the following documents:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or “Passport to Services”
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or “Passport to Services”
Food Stamp Program	Notice of Action or Food Stamp ID Card or “Passport to Services”
General Relief/General Assistant	Notice of Action or Copy of Check Stub or County Voucher

**-OR-**

2. Your gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,626.04
7	2,957.29
8	3,288.54
Each Additional	331.25

3. Your income is not enough to pay for common necessities of life for yourself and the people you support and also pay the citation. **You must produce documentation confirming your monthly income and expenses.**