



## Administrative Citation Hearing Advance Deposit Hardship Waiver

The person requesting the waiver will, following completion of review by the processing agency and / or the issuing agency, be mailed the results of the review. Please complete this form and submit it to:

**City of Carlsbad  
Code Compliance Unit  
1200 Carlsbad Village Drive  
Carlsbad, CA 92008**

Please note that you are making this application under penalty of perjury. Any information omitted may result in the denial of this motion. By signing this waiver request form you are authorizing the City of Carlsbad to contact the employer, if any, listed below without further notice. **I hereby request a temporary waiver of the required advance deposit of fine(s) and that the City of Carlsbad proceed to schedule the appeal on the listed Administrative Citations for the following reasons:**

---

---

---

---

---

---

---

---

Date: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

Citant's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Citation #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Social Security #: \_\_\_\_\_ CDL #: \_\_\_\_\_

### FINANCIAL INFORMATION:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

|  |  |  |
|--|--|--|
| 1) Employment:<br>_____ Employed<br>_____ Full Time<br>_____ Part Time<br>_____ Unemployed<br>_____ Student<br>_____ Disabled<br>_____ Homemaker<br>_____ Military<br>_____ Other: _____ | 2) Supported By:<br>_____ Self<br>_____ Spouse<br>_____ Parents<br>_____ Welfare<br>_____ S.S.I.<br>_____ A.F.D.C.<br>_____ Unemployment<br>_____ Other: _____ | 3) Persons Supported:<br>_____ Self<br>_____ Spouse<br>_____ Children (# of)____<br>_____ Other _____<br>_____ Total _____ |
|--|--|--|

4) Monthly gross income (include income from all earnings of your household) \$ \_\_\_\_\_

a. Pay schedule: Weekly ( ) Bi-Weekly ( ) Monthly ( ) Please enter the date for monthly \_\_\_\_\_  
**YOU MUST PROVIDE PAY STUBS FOR ONE MONTH OR VERIFICATION OF OTHER SOURCE OF INCOME**

b. Payroll deductions are (specify purpose and amount):

|                          |          |
|--------------------------|----------|
| (1) _____                | \$ _____ |
| (2) _____                | \$ _____ |
| (3) _____                | \$ _____ |
| Total Payroll Deductions | \$ _____ |

c. Net Income (take home pay) \$ \_\_\_\_\_

d. Other money received each month (specify source and amount): **NOTE: MUST PROVIDE OFFICIAL DOCUMENT OF PROOF OF INCOME**

|           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| TOTAL     |          |

e. TOTAL MONTHLY INCOME (c+d) \$ \_\_\_\_\_

|  |   |
|--|---|
| 5. ASSETS: (Value)<br>Motor Vehicles (s) \$ _____<br>Home \$ _____<br>Property \$ _____<br>Savings Account(s) \$ _____<br>Checking Account(s) \$ _____<br>Cash on Hand \$ _____<br>All other \$ _____<br>TOTAL ASSETS \$ _____ | MONTHLY EXPENSES:<br>Rent / Mortgage \$ _____<br>Utilities \$ _____<br>Loans / Credit Card(s) \$ _____<br>Food / Clothing \$ _____<br>Transportation \$ _____<br>Medical Payments \$ _____<br>All other \$ _____<br>TOTAL EXPENSES \$ _____ |
|--|---|

I understand that if I am found liable I will be required to pay the delinquent amount due. I further understand if I fail to resolve this matter I may be subject to one of the following:

1. A trial in civil court with subsequent garnishment of my earnings
2. A lien placed against my California Franchise Tax return
3. This claim assigned to a collection agency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_