

Request for Waiver of Penalty Deposit

INCOMPLETE FORMS WILL BE AUTOMATICALLY DENIED

Appellant Name (please print): _____ Citation: # _____

Address: _____

Please complete the following:

1. Employment

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

2. Supported by

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

3. Persons Supported

- Self
- Spouse
- Parents
- Children
- # of _____
- Other
- Total Supported _____

4. **Your NET income:** (take home pay, welfare, etc.): \$ _____ every _____ days.

5. **If unemployed:** months of unemployment: _____ Occupation: _____

6. Assets

Motor Vehicles \$ _____
Home \$ _____
Property \$ _____
Savings Account(s) \$ _____
Checking Account(s) \$ _____
Cash on hand \$ _____
All Other \$ _____
Total Assets: \$ _____

7. Monthly Payments

Rent/Mortgage \$ _____
Utilities \$ _____
Loans/Credit Cards \$ _____
Food/Clothing \$ _____
Transportation \$ _____
Medical/Dental \$ _____
All Other \$ _____
Total Expenses: \$ _____

I understand that, should my citation be upheld or reduced I will remit payment in full within 20 days of hearing disposition date or file further appeal with the Superior Court. I understand that failure to respond will result in a hold being placed on my academic records and a DMV hold on the vehicle registration in question. I declare under penalty of perjury that the foregoing is true and correct. _____ (initial)

For Official Use Only:

Waiver of Penalty: Granted Denied

Signature: _____ Date: _____

Provide Copies : 1. Cuesta College Police Department 2. Appellant 3. Cuesta College Cashier