

**ADMINISTRATIVE CITATION ADVANCE DEPOSIT HARDSHIP  
WAIVER REQUEST – CONFIDENTIAL**

Required Name: \_\_\_\_\_

Required Citation No.: \_\_\_\_\_

Required Address: \_\_\_\_\_

Required Address where notices or determination of waiver is to be sent, if different:

Please specify whether you are seeking to have all or part of the fine deposit waived:

Please state the reasons you are requesting the fine deposit waiver: \_\_\_\_\_

Please state whether you receive any of the following: (Check all that apply)

- Medi-Cal
- Food Stamps
- SSI
- SSP
- County Relief/General Assistance
- IHSS (In-home Supportive Services)
- Calworks or Tribal TANF (Tribal Temporary Assistance for Needy Families)
- CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- Grossly Household Income (before deductions and taxes) is less than the amount listed below

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$418.75 for each extra person</i>
1	\$1,196.88	3	\$2,034.38	5	\$2,871.88	
2	\$1,615.63	4	\$2,453.13	6	\$3,290.63	

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments thereto is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature