



SAN DIEGO COMMUNITY COLLEGE DISTRICT

Police Department / Parking Services

1536 Frazee Road, San Diego, CA 92108

CITY COLLEGE | MESA COLLEGE | MIRAMAR COLLEGE | CONTINUING EDUCATION

REQUEST TO WAIVE (APPEAL) PARKING CITATION

The SDCCD Parking Citation Review Process, Administrative Hearing Process and Court Administration Process (Policy 7999) are mandated by California Vehicle Code Article 3, Sections 40200.7 and 40215, which was enacted by the State Legislature, Assembly Bill 408, effective July 1, 1993, and Assembly Bill 1228, effective January 1, 1996. All time restrictions, with respect to different appeal levels, are made pursuant to the aforementioned legislation. Any questions about this process should be directed to SDCCD Parking Services office at (619) 388-6416.

1. Administrative Review (first step in the appeal process)

To request an Administrative Review (appeal) you must submit this form before the citation is twenty-one (21) days old. If you do not appeal citation(s) within stated time frame you will lose the opportunity to contest citation(s) and all fines must be paid.

Appeal decision will be indicated in box on reverse side and returned within two weeks. You are responsible for contacting Parking Services office if you do not receive this form within stated time frame.

If your appeal is accepted, no further action on your part is required. If your appeal is denied you may pay the fine or go on to the second step if you wish to contest citation further (see # 2 Administrative Hearing).

When appealing No Valid Disabled Placard Displayed citations you must include the following:

- a. A copy of your disabled placard registration (Disabled Person Placard Identification Card)
- b. A copy of your driver's license or identification card (state issued)

2. Administrative Hearing (second step in the appeal process)

If your appeal was denied at the first level you can have your case heard or reviewed by an independent hearing examiner. To request an Administrative Hearing you must submit this form twenty-one (21) calendar days from decision date indicated on reverse side. Failure to make request within stated time frame will result in request being denied and no further appeals allowed.

State Law requires that the citation fine be paid at the time hearing request is made. If the hearing examiner finds in your favor SDCCD will refund the citation fine payment.

There are two types of hearings you can request, a personal appointment or a trial by declaration (hearing by mail). If you choose to do a trial by declaration SDCCD Parking will mail you a form that you will complete and return on a specified due date and will be reviewed by hearing examiner. You will receive written notification of hearing results in the mail within 10 days of your hearing. It is your responsibility to follow-up on your case if you do not receive response within stated time frame.

* If you are unable to pay citation fine you may apply for a hearing under indigent status by requesting a Waiver of Bail Deposit application. SDCCD Parking will mail you an application that you will complete and return on a specified due date. Eligibility is based upon your household income or whether you are a recipient of public assistance such as Welfare, SSI, Unemployment, etc... If your request for indigent status is approved hearing appointment or trial by declaration will be scheduled. (If you are found responsible for citation you will have 21 calendar days from hearing examiner results to pay fine). If request for indigent status is denied citation fine must to be paid in order for hearing to be scheduled.

Check below whether you want a hearing appointment or trial by declaration. Also date and sign below.

- I would like a personal appointment with Hearing Examiner
- I would like to do a trial by declaration.
- * I would like to request a personal appointment under Indigent Status - Waiver of Bail Deposit
- * I would like to request a trial by declaration under Indigent Status - Waiver of Bail Deposit application
-

Date: _____

Signature: _____

Email: _____

Send this form with payment (do not include payment if requesting indigent status). Make check or money order payable to SDCCD Parking and mail to: SDCCD Parking Services, Attn: Hearing Clerk, P.O. Box 880509, San Diego, CA 92168.

A response regarding your hearing request will be mailed within 2 weeks. Please call SDCCD Parking Services if you do not receive a response.

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Please complete all areas in ink and print clearly.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE AND BELIEVE THAT MY SITUATION MEETS THE REQUIREMENTS FOR REVIEW.

WARNING: Any vehicle found to have 5 or more outstanding citations may be immobilized or impounded in accordance with Sections 22653.1 and 22651.7 of the California Vehicle Code. Towing, storage and administrative fees in addition to citation fees must be paid by the vehicle owner.

Signature

Date

First Name

Last Name

Address

Student ID# or Staff/Faculty ID #

City

State

Zip

Citation #

Issue Date

Vehicle License Plate # & State

Briefly explain reason for appeal: _____

Return completed form to campus police office or mail to SDCCD Parking, P.O. Box 880509., San Diego, CA 92168

FOR OFFICE USE ONLY

DECISION DATE: _____

- APPEAL ACCEPTED. CITATION DISMISSED. RETAIN THIS FORM FOR YOUR RECORDS
- APPEAL ACCEPTED. PAY \$10.00 ADMINISTRATIVE FEE
- APPEAL ACCEPTED. PAY \$25.00 ADMINISTRATIVE FEE
- APPEAL DENIED. PAY CITATION FINE

Remit payment within 21 days of decision date to avoid incurring penalties to:
SDCCD Parking Services
P.O. Box 880509
San Diego, CA 92168

If your appeal was denied see instructions under # 2 – Administrative Hearing for further appeal option

