

Live Oak Program Sheriff's Office (CHP) POSCS Dept. General Services Dept.

County of Santa Cruz
PARKING CITATION ADMINISTRATIVE REVIEW FORM

To be completed by registered vehicle owner or person responsible for citation (Please type or print)

Review determination will be mailed to:
Respondent's Name: _____
Address: _____
City: _____ State: ___ Zip: _____

_____ (Citation Number)
_____ (Violation Code)
_____ (Date and Time Citation Issued)
_____ (Vehicle License Number)

Violation Location: _____

Home Phone: () _____ Work Phone: () _____

Statement of Facts: (Please be specific why you believe no parking citation was warranted):

If more room is needed, please attach additional information or evidence.

Signature: _____ Date: _____

Mail this form to: County of Santa Cruz, C/O Parking Citation Service Center, P.O. Box 11923, Santa Ana, CA 92711.

(BELOW FOR OFFICIAL USE ONLY)

Reviewed by: _____	I.D. No: _____	Date: _____
<input type="checkbox"/> Citation Dismissed	Code: _____	
<input type="checkbox"/> Citation Valid	Code: _____	
Comments: _____		
<input type="checkbox"/> Determination Mailed	Date: _____	
Reviewing Officer Signature: _____	Date: _____	

WARNING NOTE: If you do not agree with the Reviewing Officer's decision and wish to pursue this matter further, please see instructions on reverse. Failure to respond in a timely manner may prevent you from contesting this citation any further.

PARKING CITATION INFORMATION SHEET: A change in State law has decriminalized parking citations. Parking citations issued in the County of Santa Cruz will now be handled as civil matters rather than through the criminal court system. (See California Vehicle Code Section 40200 et. seq.)

TO PAY YOUR TICKET: Within 21 calendar days of citation issuance, please send the proper amount of the citation fee with a money order or check payable to the County of Santa Cruz **MAIL TO:** COUNTY OF SANTA CRUZ, C/O PARKING CITATION SERVICE CENTER, P.O. BOX 11923, SANTA ANA, CA 92711. Phone 1-800-535-2421 for further payment information.

TO PROTEST YOUR TICKET: Under State law, you now have a maximum of 21 calendar days after citation issuance or a maximum of 14 calendar days after mailing of a Notice of Delinquent Parking Violation to request an Administrative Review. Please complete the top part of the Parking Citation Administrative Review Form (see reverse page, or call 1-800-535-2421 to obtain a form) and mail it within the required legal time line to: COUNTY OF SANTA CRUZ, C/O PARKING CITATION SERVICE CENTER, P.O. BOX 11923, SANTA ANA, CA 92711.

The Administrative Reviewing Officer's decision on your citation will be mailed to you approximately 10 to 15 days after you submit your request. If a citation dismissal is recommended, you should not need to take any further action.

If the Administrative Review Officer determines the citation is valid, you have two choices: 1) Pay the citation fee (see directions above); or 2) Appeal the administrative decision by completing the Request for Hearing Officer Review section below and depositing the total amount of the parking penalty with the PARKING CITATION SERVICE CENTER. Under State law, you now have a maximum of 21 calendar days after the mailing of the Administrative Reviewing Officer's determination to request review by an impartial Hearing Officer. If you cannot afford the full amount of the citation deposit, you may request a waiver of the deposit by calling 1-800-535-2421 and completing a waiver request form. You will be notified by mail of your hearing date.

If after your hearing, you do not agree with the Hearing Officer's decision, you may request a civil court review within 30 calendar days of the mailing of the Hearing Officer's decision. Filing fee is \$25 per citation. Please contact the Municipal Court for further information.

REQUEST FOR HEARING OFFICER REVIEW:

I disagree with the Administrative Reviewing Officer's decision on this matter (see reverse) and hereby request a formal review by a Hearing Officer as provided by State Law.

Enclosed is a citation fee deposit in the amount of \$ _____ (full amount of parking penalty) for all the fees due. I understand that if the Hearing Officer rules in my favor, this deposit or a portion of it may be refunded to me. If the citation is found to be valid, the enclosed deposit may be used to satisfy any judgement against me.

Signed: _____ Date: _____

COUNTY OF SANTA CRUZ PARKING CITATION ISSUING AGENCIES

Live Oak Parking Program
County of Santa Cruz
Public Works Dept.
701 Ocean Street, Rm 410
Santa Cruz, CA 95060

County of Santa Cruz
Sheriff's Office
701 Ocean St., Rm. 340
Santa Cruz, CA 95060

County of Santa Cruz
POSCS Dept.
979 17th Ave.
Santa Cruz, CA 95062

County of Santa Cruz
General Services Dept.
701 Ocean St., Rm 330
Santa Cruz, CA 95060