



Marcia Mayeda, Director

### REQUEST FOR HARDSHIP WAIVER

Pursuant to Title 10, Section 10.04.075, of the Los Angeles County Code, a person who requests an administrative hearing may also request a hardship waiver of the requirement to deposit the amount of the administrative fine prior to the administrative hearing. The hardship waiver request must be filed with the Department, together with the supporting financial documentation demonstrating your inability to deposit the amount of the administrative fine. The hardship waiver request must be filed at the same time as the request for an administrative hearing.

#### INFORMATION AND INSTRUCTIONS

##### Financial Hardship

If you are contesting an administrative fine, you must demonstrate that payment of the administrative fine would be a hardship. In determining whether a hardship exists and whether to grant or deny a hardship waiver, the department will consider the amount of your annual household income. A hardship exists if your annual household income does not exceed the "very low income standard" set by the California Department of Housing and Community Development for Los Angeles County. Annual income includes income from all sources including, but not limited to: salaries; commissions; tips; interest; dividends; social security; annuities; retirements; pensions; welfare; alimony; child support and unemployment. You must provide a photocopy of your most recent Federal Income Tax return and a valid driver license or DMV-issued identification card. If a tax return was not filed, other documentation substantiating your income, such as your W-2 Form(s) or verification of public assistance, may be used to substitute for the tax return.

##### Medical Hardship

To qualify for a waiver of the deposit due to medical hardship, you must demonstrate that the payment of the administrative fine would negatively impact your ongoing care for a medical condition or your ability to provide ongoing care for a dependent residing in your household. You must include a statement, signed by your attending physician or by the patient's physician, clearly describing the nature of the injury or illness and include a list of the monthly expenses (such as doctor visits, cost of medication, etc.) in addition to providing the information required for financial hardship.

Required Items for Request For Hardship Waiver (Application will not be accepted if an item is missing):					
1. Completed Request for Hardship Waiver application with original signature in blue or black ink.					
2. <b>The request must be received by the Department within fourteen (14) calendar days following the date of service on the Notice of Violation and Administrative Fine (Administrative Citation) at any County Animal Care Center or by mail.</b>					
3. The required financial documentation discussed above and any additional evidence demonstrating your financial inability to deposit the amount of the administrative fine that you want the Department to consider.					
4. The completed Request for Administrative Hearing application which must accompany this hardship request.					
1. Subject Property and/or Animal					FOR STAFF USE ONLY
Name of Requestor:			Date Application Filed:		
Address or Location of Property:			Date Administrative Notice was served:		
Daytime Phone:			Admin Citation #:		Issuing Officer Badge #:
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Fowl <input type="checkbox"/> Other:			Request for Administrative Hearing Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name:	Breed:	Color:	Age:	Lic. #:	Amount of Administrative Fine: \$ _____

2. Statement demonstrating the requestor's financial inability to deposit the amount of the administrative fine. (You may continue your statement on the reverse side. Please attach the required financial documentation.)


The Department will review your hardship waiver request and determine, in its sole discretion, whether or not to grant the request. Written notice of the determination will be provided by U. S. Mail to the responsible person at the address listed in the request for administrative hearing. If a request for hardship waiver is granted, you will not be required to deposit the amount of the fine prior to the administrative hearing. If the request for hardship is denied, you will be required to deposit the amount of the administrative fine with the Department within fourteen (14) calendar days following the date on the notice of the Department's determination. Failure to make a timely deposit following the denial will constitute a waiver to an administrative hearing.

3. Requestor Certification (Original Signature in Black or Blue Ink)

*I hereby certify under penalty of perjury that the information provided herein, including all attachments, is true and correct to the best of my knowledge.*

By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (PRINT OR TYPE NAME) (MUST BE SIGNED IN BLACK OR BLUE INK)