



**Metro**

Los Angeles Metro Protective Services  
Los Angeles County Sheriff's Department

PO Box 866010  
Los Angeles, CA 90086-6010

213.92COURT (213.922.6878)  
metro.net/transitcourt

**ADMINISTRATIVE HEARING REQUEST FORM – PARKING VIOLATIONS**

If you do not agree with the findings of the initial review, within **21 days** of the mailing of this notice, you may request an administrative hearing to be conducted either in person or by mail. If you do not request a hearing within 21 days, you lose the opportunity to contest and the results of the initial review become **FINAL** (Reference California Vehicle Code 40215(b). There are currently no provisions for community service or jail time as an alternative to paying parking penalties. Failure to pay will result in additional penalties and the total amount due assigned to the registration renewal fees on your vehicle.

A separate administrative hearing request form must be completed for each violation being contested, and all administrative fees related to the violation being contested must be paid in full prior to scheduling a hearing. If you are unable to pay the penalty in advance you must complete a Declaration of Inability to Pay waiver and submit the declaration and the necessary documentation with your request for a hearing. A Declaration of Inability to Pay waiver is available at [www.metro.net/transitcourt](http://www.metro.net/transitcourt). If you need assistance filling out this form, please call Metro Transit Court at 213.92COURT (213.922.6878). Mail documents to Metro Transit Court, PO Box 866015 Los Angeles, CA 90086.

**START HERE:** Please check one. If a box is not appropriately checked, an in-person administrative hearing will be scheduled.

- Request In-Person Administrative Hearing - **Proceed to Section A**
- Request Administrative Hearing By Mail - **Proceed to Section B on Page 2**

**SECTION A – IN-PERSON ADMINISTRATIVE HEARING**

**A1. NAME:** \_\_\_\_\_ **VIOLATION#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **PHONE:** (    ) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**A2.** Interpreter Services required? If you require the services of an interpreter on the date of your in-person administrative hearing, one will be provided at no cost to you, check the box below and indicate the language needed.

- YES**, language needed: \_\_\_\_\_, proceed to A3.
- NO**, proceed to A3.

**A3.** Payment Options, please check one.

- Payment Enclosed, Proceed to **Section C**
- Request for Declaration of Inability to Pay Waiver (waiver will be sent to you, also available at [www.metro.net/transitcourt](http://www.metro.net/transitcourt)), Proceed to **Section C**

**SECTION C - SIGNATURE**

If you cannot attend your in-person administrative hearing, you must contact Metro Transit Court at 213.92COURT (213.922.6878) to reschedule no later than 48 hours (two working days) prior to your scheduled hearing. If you do not attend a scheduled in-person hearing you will be declared to have **Failed to Appear**, and you will have no further right of appeal. Any penalty amounts outstanding will be immediately due and payable and your violation will be declared unpaid.

*I state and declare, under the penalty of perjury, that the foregoing is true and correct.*

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**SECTION B – ADMINISTRATIVE HEARING BY MAIL**

**B1. NAME:** \_\_\_\_\_ **VIOLATION#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **PHONE:** (     ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**STATEMENT (WHY DO YOU WANT A HEARING, PLEASE EXPLAIN) attach additional pages if needed**

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**B2. Payment Options, please check one.**  
 Payment Enclosed, Proceed to **Section C**  
 Request for Declaration of Inability to Pay Waiver (waiver will be sent to you, also available at [www.metro.net/transitcourt](http://www.metro.net/transitcourt)), Proceed to **Section C**

**SECTION C - SIGNATURE**

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*I state and declare, under the penalty of perjury, that the foregoing is true and correct.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_