



Metro

PO Box 866015
Los Angeles, CA 90086-6015

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metro.net/transitcourt

**DECLARATION OF INABILITY TO PAY WAIVER
REQUEST FOR WAIVER OF POSTING OF PENALTIES FOR ADMINISTRATIVE HEARING**

Per Metro Customer Code of Conduct section 6-05-240(B)(2) and Parking Ordinance section 8-09-020(B), you must pay the fine amount due prior to having a hearing unless you provide satisfactory evidence of an inability to pay.

INSTRUCTIONS: Please include copies of documentation supporting the income level claimed above when submitting the administrative hearing request form. Acceptable documentation includes but is not limited to, any documentation stating your eligibility for public assistance, SSI, SSP, unemployment or other income source, your most recent tax return, W2 or one month's current pay stub. Failure to provide adequate documentation may result in denial of payment waiver.

VIOLATION NUMBER: _____

(Please print clearly)

I AM UNABLE TO PAY THE FINE AMOUNT DUE BECAUSE: _____

I am entering the following plea: Liable Not Liable (**Check one**)

Select one or more options:

Checking one or more of the boxes below does not constitute an admission of liability for the citation. Community Service may only be granted by a Hearing Officer. You may not request Community Service at a later time.

- Transit School** - A video tutorial, which may result in lowering of transit violation fine
- Installment Payment Plan** - Payment of fines over a period of three months
- Community Service** - Volunteer work hours in lieu of payment of fines

EMPLOYMENT

Check **one**

- Employed full time
- Employed part time
- Unemployed
- Disabled
- Student
- Military
- Other: _____

HOUSEHOLD INCOME (Monthly)

Check **all** that apply

- Self \$ _____
- Spouse \$ _____
- Public assistance \$ _____
- SSI&SSP \$ _____
- Unemployment \$ _____
- Other _____ \$ _____
- (A) Total \$** _____

FINANCIALLY RESPONSIBLE FOR:

Check **all** that apply

- Self \$ _____
- Spouse \$ _____
- Children how many? _____ \$ _____
- Other _____ \$ _____
- (B) Total \$** _____
- Your net monthly income:
- (A) - (B) = \$** _____

Name of current/most recent employer: _____

If unemployed, months of unemployment: _____

ASSETS (VALUE)

- Motor Vehicles \$ _____
- Home \$ _____
- Property \$ _____
- Savings \$ _____
- Checking \$ _____
- Cash on Hand \$ _____
- All other _____ \$ _____
- Total Assets \$** _____

MONTHLY EXPENSES

- Rent/Mortgage \$ _____
- Utilities \$ _____
- Loans/credit cards \$ _____
- Food/clothing \$ _____
- Transportation \$ _____
- Medical/Dental \$ _____
- Telephone \$ _____
- Cell Phone \$ _____
- All other _____ \$ _____
- Total Expenses \$** _____

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

Name: _____ Signature: _____ Date: _____