

Fresno State Police Department  
Traffic Operations  
**REQUEST FOR WAIVER OF PENALTY DEPOSIT**  
CVC 40215(b)

**NAME:** \_\_\_\_\_ **CITATION NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_  
 \_\_\_\_\_

I hereby request a waiver of parking penalty deposit based on an inability to pay the amount due and that the hearing proceed on my citation for the following reasons: (attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOING:**

**1. EMPLOYMENT**  
(Check all that apply)

- Employed
- Full-time
- Part-time
- Unemployed
- Disabled
- Military
- Student
- Homemaker
- Other \_\_\_\_\_

**2.SUPPORTED BY:**  
(Check all that apply)

- Self
- Spouse
- Parents
- Welfare
- S.S.I.
- A.D.C.
- Unemployment
- Other \_\_\_\_\_

**3. PERSONS SUPPORTED:**  
(Check all that apply)

- Self
- Spouse
- Children (# of) \_\_\_\_\_
- Self
- Other \_\_\_\_\_

**4. NET INCOME PER MONTH** \_\_\_\_\_

**5. ASSETS (Value)**

Motor Vehicle(s) \$ \_\_\_\_\_  
 Home \$ \_\_\_\_\_  
 Checking Account(s) \$ \_\_\_\_\_  
 Savings Account \$ \_\_\_\_\_  
 Cash on Hand \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**6. MONTHLY EXPENSES**

Rent/Mortgage \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Loans/Debt \$ \_\_\_\_\_  
 Food/Clothes \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 Medical/Dental \$ \_\_\_\_\_

**7. ATTACH DOCUMENTS VERIFYING ASSETS, MONTHLY INCOME AND EXPENSES.**

**8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Office Use Only**

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_