

## **ADMINISTRATIVE HEARING STATEMENT OF RIGHTS AND RESPONSIBILITIES**

In accordance with Richmond Municipal Code 2.62.060, any recipient of an Administrative Citation may contest that there was a violation of the code or that he/she is the responsible party by completing a request for hearing form and returning it to the city within fourteen (14) days from the date of the Administrative Citation, together with an advance deposit of the fine or notice that a request for an advance deposit hardship waiver has been filed. The Hearing Officer will make his/her decision based on the evidence presented.

### **Be advised that: PURSUANT THE RICHMOND MUNICIPAL CODE SECTION**

1. RMC 2.62.090 (a) *No hearing to contest an administrative citation before a hearing officer shall be held unless the fine has been deposited in advance in accordance with Section 2.62.060 or an advance deposit hardship waiver has been granted in accordance with Section 2.62.070.*
2. RMC 2.62.090 (b) *A hearing before the hearing officer shall be set for a date that is not less than fifteen (15) days and not more than thirty (30) days from the date that the request for hearing is filed in accordance with the provisions of this chapter.*
3. All hearings will be recorded.
4. The Hearing Officer will only consider those citations that have been scheduled at this time.
5. If you are not the responsible party for the violation at issue, you must state your reason for appearing.
6. You can submit at this time any additional evidence which as a whole shows that the citation in question was not validly issued. Such evidence includes, but is not limited to: records; documents of testimony of witness; and photographs.
7. You are to remain in the hearing room until your hearing is completed. If you should leave prior to the completion of your hearing the citation will be upheld and any money deposited will be forfeited.

8. If the Hearing Officer determines that the Administrative Citation should be upheld then the fine amount on deposit with the city shall be retained by the city. If the Hearing Officer determines that the Administrative Citation should be upheld and the fine has not been deposited (pursuant to an Advance Deposit Hardship Waiver), the Hearing Officer shall set forth in the decision a payment schedule for the fine. If the Hearing Officer determines that the Administrative Citation should be cancelled or reduced and the fine was deposited with the city, then the city shall refund by mail the amount of the deposited fine or the amount paid in excess of the reduced fine, with interest at the average rate. The decision of the Hearing Officer is final.
9. The recipient of the Administration Citation will receive by mail a copy of the Hearing Officer's written decision.
10. You have the right to appeal the decision of the Hearing Officer pursuant to the procedures referenced in the Richmond Municipal Code Section 2.62.130.

I have read and fully understand the above procedures and conditions.

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

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

NOTICE OF APPEAL  
AND  
REQUEST FOR HEARING

Attention: **Administrative Hearing Officer**

In regards to the property located at \_\_\_\_\_, in  
Richmond, California. An appeal is hereby made relative to Citation # or Case  
#\_\_\_\_\_.

It is the desire of the appellant to contest this citation before an Administrative Hearing  
Officer.

The amount of the fine on the citation, or Request for Hardship, is submitted to City of  
Richmond Police Department, Code Enforcement Unit 1701 Regatta Blvd, Richmond,  
CA. 94804, along with this Notice of Appeal.

I understand this appeal must be filed within **(14)** days from the date of the  
*Administrative Citation* or **(10)** days from the date of the *Vehicle Notice of Intent to  
Abate*.

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

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

\_\_\_\_\_  
Name of Appellant (Please Print)

\_\_\_\_\_  
Name of Appellant (Please Print)

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Signature of Appellant

Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Ph# \_\_\_\_\_

Ph# \_\_\_\_\_



Attention: Hearing Officer:

**REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER**

NAME: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening: \_\_\_\_\_ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Please check below which one you choose:

Personal Conference  Determination by mail upon written declaration

Fine amount on citation: \$ \_\_\_\_\_

List all family members living with you:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently employed? \_\_\_\_\_ If yes, where employed?

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_