

**COUNTY OF LOS ANGELES
PARKING ENFORCEMENT DETAIL
ADMINISTRATIVE HEARING REQUEST FORM**

(TO BE COMPLETED BY RESPONDENT ONLY AFTER RECEIVING DETERMINATION ON INITIAL REVIEW)

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 Section 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.}

If you need information which is not on this form please call 1(800) 782-3868 or (213) 629-3919.

Please check one: if box is not checked, an in person hearing will be scheduled.

☐ **Penalty Enclosed
Request Administrative Hearing
In Person**

☐ **Penalty Enclosed
Request Administrative Hearing
By Written Declaration (Below)**

Please provide your own translator if you do not speak English.

VEHICLE LICENSE # _____ CITATION # _____
ISSUE DATE _____ VIOLATION _____
NAME _____
ADDRESS _____ PHONE NUMBER () _____
CITY/STATE _____ ZIP _____

STATEMENT (WHY DO YOU WANT A HEARING, PLEASE EXPLAIN)

(If more space is needed, please continue on the back of this form. Sign and date below)

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

Date _____ Signature _____

Within 21 days, return this completed form with the amount of penalty, to:

**Los Angeles County Sheriff's Department
P.O. Box 30629
Los Angeles, CA 90030-0629**

FOR DEPARTMENT USE ONLY

Approve for scheduling: _____
Initial Date

☐ 247C
☐ 247S entered in TIMS _____
Initial Date