



# CITY OF EL CAJON

## REQUEST FOR TEMPORARY DEFERRAL OF AN ADMINISTRATIVE CITATION FINE

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_ Citation # \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

I hereby request a temporary deferral of the required fine amount and/or a payment schedule, and that the City of El Cajon proceed with the review process on Citation # \_\_\_\_\_ for the following reasons: \_\_\_\_\_

Please complete the following:

- |  |  |   |
|--|--|---|
| <p>1. EMPLOYMENT</p> <input type="checkbox"/> Employed<br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Disabled<br><input type="checkbox"/> Student<br>Total _____<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Military<br><input type="checkbox"/> Other _____ | <p>2. SUPPORTED BY</p> <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Parents<br><input type="checkbox"/> Welfare<br><input type="checkbox"/> S.S.I.<br><input type="checkbox"/> A.F.D.C.<br><br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Other _____ | <p>3. PERSONS SUPPORTED</p> <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Children (# _____)<br><input type="checkbox"/> Other _____<br><br><input type="checkbox"/> _____ |
|--|--|---|

4. Your NET MONTHLY INCOME (take home pay, welfare, etc.) \$ \_\_\_\_\_
5. If unemployed, months of unemployment \_\_\_\_\_ Occupation \_\_\_\_\_

<p>6. ASSETS (Value)</p> <table border="0" style="width: 100%;"> <tr><td>Motor Vehicle(s)</td><td>\$ _____</td></tr> <tr><td>Home</td><td>\$ _____</td></tr> <tr><td>Property</td><td>\$ _____</td></tr> <tr><td>Savings Account(s)</td><td>\$ _____</td></tr> <tr><td>Checking Account(s)</td><td>\$ _____</td></tr> <tr><td>Cash on Hand</td><td>\$ _____</td></tr> <tr><td>All Other</td><td>\$ _____</td></tr> <tr><td><b>TOTAL ASSETS</b></td><td><b>\$ _____</b></td></tr> </table>	Motor Vehicle(s)	\$ _____	Home	\$ _____	Property	\$ _____	Savings Account(s)	\$ _____	Checking Account(s)	\$ _____	Cash on Hand	\$ _____	All Other	\$ _____	<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<p>7. MONTHLY EXPENSES</p> <table border="0" style="width: 100%;"> <tr><td>Rent/Mortgage</td><td>\$ _____</td></tr> <tr><td>Utilities</td><td>\$ _____</td></tr> <tr><td>Loans/Credit Cards</td><td>\$ _____</td></tr> <tr><td>Food/Clothing</td><td>\$ _____</td></tr> <tr><td>Transportation</td><td>\$ _____</td></tr> <tr><td>Medical/Dental</td><td>\$ _____</td></tr> <tr><td>Child Support</td><td>\$ _____</td></tr> <tr><td>All Other</td><td>\$ _____</td></tr> <tr><td><b>TOTAL EXPENSES</b></td><td><b>\$ _____</b></td></tr> </table>	Rent/Mortgage	\$ _____	Utilities	\$ _____	Loans/Credit Cards	\$ _____	Food/Clothing	\$ _____	Transportation	\$ _____	Medical/Dental	\$ _____	Child Support	\$ _____	All Other	\$ _____	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
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8. If a fine is imposed, how much could you afford to pay each month? \$ \_\_\_\_\_ (a minimum of \$25 per month is required)

***I declare under penalty of perjury that the foregoing statement and information provided by me is correct.***

Signature (Appellant): \_\_\_\_\_ Date: \_\_\_\_\_

<b>CITY OF EL CAJON USE ONLY</b>	
Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
Authorized Signature: _____	Date: _____