



Kern County

SHERIFF

DONNY YOUNGBLOOD
SHERIFF-CORONER—PUBLIC ADMINISTRATOR
1350 NORRIS ROAD
BAKERSFIELD, CA 93308-2231

Phone: (661) 391-7500
Fax: (661) 391-7515

REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION

Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Citation Number: _____ Date Issued: _____

Appeals must be filed within fifteen (15) days of the date the citation was issued. The time requirement for filing a request for hearing shall be deemed jurisdictional and may not be waived.

Reason for appeal: _____

Amount of administrative penalty: \$_____.

Prepayment of the full amount of the penalty is required to file this appeal. Payment may be in the form of a cashier's check, money order, or personal check payable to the County of Kern.

Any Administrative Citation penalty that has been deposited shall be refunded if it is determined, after a hearing, that the person or entity charged with the violation was not responsible for the violation or that there was no violation as charged in the Administrative Citation. If you are financially unable to deposit the full amount of the penalty, you may be eligible for a hardship waiver. To request a hardship waiver submit a Request for Waiver Form to the address listed below.

I hereby request a hearing before a hearing officer on this citation.

Dated: _____

Signed: _____

**Return form to:
County of Kern
c/o Citation Processing Center
PO Box 10479
Newport Beach, CA
92568-0479
800-989-2058**