



TIME SENSITIVE – MUST SUBMIT WITHIN 21 DAYS OF THE DATE ON THE INITIAL REVIEW LETTER

## ADMINISTRATIVE HEARING REQUEST FORM SPEEDING TICKET

Use this form or write a letter for up to 4 speeding tickets. Complete all sections. **Pay the ticket(s).** For a payment waiver, the registered owner(s) must submit an approved SFMTA low-income discount form as proof of the inability to pay the ticket. With the required paperwork, a payment waiver is available for sold, stolen, rented, or ride share program vehicles.

### 1. CONTACT INFORMATION

- a. First Name: \_\_\_\_\_ b. Last Name: \_\_\_\_\_  
c. Mailing Address: \_\_\_\_\_  
d. City, State, Zip Code: \_\_\_\_\_ e. Phone: \_\_\_\_\_  
f. Email: \_\_\_\_\_  
g. License Plate Number: \_\_\_\_\_ h. License State: \_\_\_\_\_

### 2. TICKET INFORMATION

- a. Notice Number: \_\_\_\_\_ b. Notice Number: \_\_\_\_\_  
c. Notice Number: \_\_\_\_\_ d. Notice Number: \_\_\_\_\_

### 3. TICKET PAYMENT OR PAYMENT WAIVER

Make one selection.

- ☐ a. Paid the ticket ☐ b. Approved Low-Income Discount Form ☐ c. Car Sold, Stolen, Rented, Ride Share

***Hearings are not scheduled without payment of the fine or a payment waiver.***

### 4. HEARING PREFERENCE

Choose one hearing preference.

- ☐ a. Written Online ☐ b. Written by Mail ☐ c. Phone ☐ d. Video ☐ e. In-Person

***All hearings are held within 90 days of the hearing request.*** For written hearings, a Hearing Officer will review the protest within the 90-day time limit.

**Free Language Assistance** ☐ Interpretation ☐ Translation ☐ Language \_\_\_\_\_

### 5. SUBMIT HEARING REQUEST FORM

Submit this completed form with your evidence within 21 days of the date on the initial review letter. Send by using one of the following:

- i. Upload online at [www.violationinfo.com](http://www.violationinfo.com).
- ii. Send by mail or hand deliver to Customer Service c/o ASE Hearings, 11 South Van Ness Ave, San Francisco, CA, 94103. Hours of Operation: Monday – Friday from 8:00AM – 5:00PM (except for City holidays and weekends).
- iii. ***The following subjects this request to rejection:***
  - ***Hearing requests received after 21 days.***
  - ***Hearing requests without an initial review.***
  - ***Hearing requests emailed to SFMTA.***

Keep a copy of this completed form and evidence for your records

**6. STATEMENT OF FACTS**

Explain in detail why you disagree with the initial review decision. Clearly state the reasons for your position and include any relevant facts that you believe were overlooked, omitted, or misunderstood. If applicable, reference or cite laws or policies you believe support dismissal of the ticket. Attach all evidence that supports your statement. For more information, see the instructions.

[If needed, use up to 2 letter sized pages, doubled-spaced, typed or handwritten. If typed, use 12-point font. If handwritten, print clear and be readable.]

7. Under penalty of perjury of the laws in the State of California, I declare that the foregoing is true and correct to the best of my knowledge.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ (Month) in the year \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

at \_\_\_\_\_ (City, State).

Requestor Signature \_\_\_\_\_

Keep a copy of this completed form and evidence for your records