

**91 Express Lanes
Administrative Review Hearing
Appeal Rights and Responsibilities**

You have the right to contest a notice of toll evasion violation or notice of delinquent toll evasion violation. In response to your contest, the 91 Express Lanes or its processing agency performed an investigation and reached a decision. If you do not agree with the decision, you have the right to appeal the decision by requesting an Administrative Review Hearing.

Please read the following information regarding the appeal process:

1) To appeal, you must complete the attached Request for Administrative Review Hearing Form. You should include sufficient detail and any evidence or proof you have that supports your claim that you are not responsible for the violation(s), toll(s) and/or associated penalty(s), or that the penalty(s) imposed creates a financial hardship. Attach any documents you wish to have considered and return them with this form to:

91 Express Lanes
Administrative Review Hearing
P.O. Box 68039
Anaheim, CA 92817

2) Except as otherwise stated below, a request for hearing must be accompanied by a deposit of the total amount of the toll violation plus penalties assessed.

- a) If the alleged toll violations all arose out of the same basic set of operative facts (such as a lost or stolen credit card), and you are an account patron, you must deposit an amount equal to the assessed tolls and penalties or \$250.00, whichever is less.
- b) If the alleged toll violations all arose out of the same basic set of operative facts (such as a reasonable good faith belief that you were an account patron in good standing at the time of the alleged violations) and you are not an account patron, you must deposit an amount equal to the assessed tolls, plus either (a) \$250 or (b) \$250 plus 10% of penalties above \$1,000, whichever is greater.
- c) If the required deposit will cause an undue financial hardship, you may apply for a reduction or waiver by completing and submitting a Request for Reduction/Waiver of Deposit.

3) In order to avoid any further escalation of penalties, you must submit a completed Request for Administrative Review Hearing form and the required deposit (or a completed Request for Reduction/Waiver of Deposit form) within 15 calendar days from the mailing of the results of the administrative investigation. The penalties assessed against you for the toll evasion violation may continue to escalate if; 1) you do not file a timely request for an appeal; or 2) the appeal form is not accompanied by the required deposit (or request for reduction/waiver); or 3) if you do not agree to a hearing date within 60 days of the date of the appeal; or 4) you fail to appear for or otherwise participate in a scheduled hearing for the same violations on two occasions.

4) The Administrative Review Hearing will be heard by a hearing officer. The hearing will be held within 90 calendar days following the receipt of the request for the Administrative Review Hearing. You may choose to be present at the hearing, be heard by teleconference or present your position in writing. The 91 Express lanes also have the right to participate in person or by phone through a representative, or by submitting written documentation. You will receive a scheduled date and time for the hearing by mail. You may request one continuance of the scheduled hearing, not to exceed 21 days. Should you elect to be heard by telephone or in person and you cannot appear at the scheduled time, it is your responsibility to reschedule the hearing prior to the original scheduled hearing date. If you fail to reschedule within 3 business days (absent an emergency) or fail to appear for the second scheduled hearing, your appeal will be automatically denied.

5) You will be notified of the hearing officer's final decision by first-class mail.

**91 Express Lanes
Request for Administrative Review Hearing Form**

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Please provide the citation number(s) and vehicle license plate(s) related to the violation(s) you would like to appeal.

Citation Number(s): _____

Vehicle License Plate(s): _____

You have the option to attend the appeals hearing in person, be on a teleconference or submit written information supporting your claim. Please indicate the method by which you would like to be heard:

☐

In Person

☐

Teleconference

☐

Written Declaration

If you select teleconference or written declaration as your method, you must provide a written statement or evidence supporting your claim. If you request a reduction or waiver in the deposit due to financial hardship, you must complete and provide the Request for Reduction/Waiver of Deposit. Attach any documents you wish to have considered and return them with this form to:

91 Express Lanes
(Administrative Review Hearing)
P.O. Box 68039
Anaheim, CA 92817

Any written documentation you submit will be forwarded to the Administrative Review Hearing Officer. You will be notified by mail of the scheduled hearing date and time. Should you elect to be heard by teleconference or in person and you fail to appear, it is your responsibility to reschedule the hearing prior to the original scheduled hearing date. If you fail to reschedule or fail to appear on two occasions, your appeal will result in automatic denial.

You are required to deposit the total amount of the toll violation plus penalty(s) assessed unless (a) if you are a toll account patron and you are obtaining a second level administrative review of toll violations or penalties arising out of the same set of operative facts, the maximum amount of tolls plus penalties to be deposited shall be \$250; or (b) if you are a non-patron, the maximum amount of tolls plus penalties to be deposited, in order to obtain a second level administrative review of toll violations or penalties arising out of the same set of operative facts, shall be the tolls, plus either (a) \$250 or (b) \$250 plus 10% of penalties above \$1,000, whichever is greater. Please enclose a check or money order. If the amount calculated for the deposit will create a financial hardship, you can request a reduction or waiver by completing the Request for Reduction/Waiver of Deposit form.

I declare under penalty of perjury under the laws of the State of California that the information provided on this form and all attachments are true and correct.

(TYPE OF PRINT NAME)

(SIGNATURE)

(DATE)

91 Express Lanes

Request for Reduction/Waiver of Deposit

Name _____
Address _____
City, State, ZIP _____
Telephone Number _____

Case Reference Number _____

I claim that payment of the deposit required for the Administrative Review Hearing and/or the total amount of assessed penalties would cause a financial hardship and I am requesting a reduction in the penalties deposited. I understand that the information I provide will be used to evaluate my ability to pay and that the 91 Express Lanes is under no obligation to grant me a reduction or waiver of penalties deposited.

1. Occupation, employer and employer's address:

Occupation: _____
Employer: _____
Employer's Address: _____
Total Monthly Income: \$ _____

2. Number of persons living in my home who depend in whole or in part on the household support:

| | Relationship | Age | Gross Monthly Income |
|-----|--------------|-------|----------------------|
| (1) | _____ | _____ | \$ _____ |
| (2) | _____ | _____ | \$ _____ |
| (3) | _____ | _____ | \$ _____ |
| (4) | _____ | _____ | \$ _____ |

3. Other money I get each month. Specify source and amount: rental income, disability, child/spousal support, unemployment, dividends or any other income. Attach additional sheets as needed.

| | | |
|-----|-------|----------|
| (1) | _____ | \$ _____ |
| (2) | _____ | \$ _____ |
| (3) | _____ | \$ _____ |

4. I own or have interest in the following assets:

a. Cash \$ _____

b. Bank accounts and balances:

| | | |
|-----|-------|----------|
| (1) | _____ | \$ _____ |
| (2) | _____ | \$ _____ |

c. Real Estate (list address, fair market value and loan balance, if any):

| | Property Address | Value | Loan Balance |
|-----|------------------|----------|--------------|
| (1) | _____ | \$ _____ | \$ _____ |
| (2) | _____ | \$ _____ | \$ _____ |
| (3) | _____ | \$ _____ | \$ _____ |

5. Monthly Expenses

| | |
|--------------------------------|----------|
| | \$ _____ |
| a. Rent or Mortgage | \$ _____ |
| b. Food | \$ _____ |
| c. Utilities | \$ _____ |
| d. Clothing | \$ _____ |
| e. Medical and Dental payments | \$ _____ |
| f. Insurance payments | \$ _____ |
| g. Child care | \$ _____ |
| h. Child, spousal support | \$ _____ |
| i. Auto expense | \$ _____ |

6. Other facts which support this application may be attached to this form.

7. Please attach a copy of your most recent W-2 and most recent pay stub(s).

I attest under penalty of perjury under the laws of the State of California that the information on this form and all attachments are true and correct.

(Type or Print Name)

(Signature)

(Date)