



# SONOMA STATE UNIVERSITY REQUEST FOR ADMINISTRATIVE HEARING

An Administrative Hearing (2<sup>nd</sup> Level Appeal) is to be filed only after a 1<sup>st</sup> Level Appeal has been denied. Failure to fully complete any section of this form or the exclusion of any information may lead to the denial or the return of your appeal without a decision. Your request must be received in its entirety within 21 days from 1<sup>st</sup> Level hearing date.

**PRESS HARD AND PRINT LEGIBLY**


- ← NAME
- ← MAILING ADDRESS
- ← CITY, STATE, ZIP
- ← TELEPHONE

Return this form to:  
Office of Administration & Finance  
Attn: Administrative Hearing Office  
1801 E Cotati Ave.  
Rohnert Park, CA 94928

Date: \_\_\_\_\_

Citation #: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

Date Citation Written: \_\_\_\_\_

**REQUIRED ATTACHMENTS** (please check all included):

- Copy of First Level Appeal
- Check/Money Order payable to SSU for \$ \_\_\_\_\_
- Written Statement

*Attach a letter stating why you feel this citation should be dismissed. Be thorough and factual as this written statement will be the basis of your appeal if you are not able to attend an in-person hearing or if you have opted for a written hearing. Include copies of any supporting information including supporting statements, photographs, copies of parking permits or DMV-issued disabled placards. NOTE: WRITTEN STATEMENTS MUST ACCOMPANY ALL REQUESTS FOR ADMINISTRATIVE HEARINGS, EVEN IF YOU PREFER AN IN-PERSON HEARING.*

- Supporting Documents (optional, please list): \_\_\_\_\_

**Appealing Party Statement:**

I am requesting an administrative hearing for the above parking citation. I certify that all statements included in my first level appeal, on this request form, and those I may make in the future regarding this citation are true and correct to the best of my knowledge. I request my hearing be conducted by:

- In-Person Hearing\*       Written Statement

Signed: \_\_\_\_\_

*\* You will receive a date for an in-person hearing. Hearings are offered one day per month and may not be negotiated. If you are unable to attend, your written statement will be used for your appeal.*

**OFFICE USE ONLY:**

Your Request for Administrative Hearing form has been received. Date: \_\_\_\_\_

**YOUR HEARING INFORMATION IS AS FOLLOWS:**

- Your in-person hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_ am/pm.
- You have requested a written hearing. You will be notified within 30 days by mail of your result.
- Your in-person hearing is not scheduled. You did not include the following: \_\_\_\_\_  
*You must resubmit your request with the requested information within 21 days of the 1<sup>st</sup> Level Appeal hearing date.*
- Your Request for Administrative Hearing has been denied as you did not submit this form in its entirety within 21 days of the 1<sup>st</sup> Level Appeal hearing date.

In-person hearings are held in Salazar Hall, 2<sup>nd</sup> Floor. Hearings are conducted on a first-come, first-served basis. Please check in with the receptionist upon your arrival. Please call (707) 664-3980 to confirm your in-person hearing date and time.