Transportation Corridor Agencies (TCA)
Administrative Review Hearing
Appeal Rights and Responsibilities

In accordance with California Vehicle Code 40255 (a) (2), you have the right to contest a notice of toll evasion. In response to your contest, the TCA or its processing agency performed an investigation and reached a decision. If you do not agree with the decision you received in response to such a contest, 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 Request for Administrative 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) or that the penalty imposed creates a hardship. The form shall be mailed to:

Transportation Corridor Agencies
(Administrative Hearing Officer)
125 Pacifica, Suite 100
Irvine, CA 92618

2) A request for a hearing must be accompanied by a deposit in the amount of the toll evasion penalty(ies). If the total amount due exceeds $250 but is less than $1,000, then the deposit shall be made in the amount of $250. If the amount due exceeds $1,000, then the deposit shall be made in the amount of $250 plus 10% of penalties above $1,000. If the required deposit will cause an undue hardship, you may apply for a reduction or waiver by completing the Request for Reduction of Deposit.

3) The California Vehicle Code states that such a request must be made within 15 days from the date of the Administrative Investigation finding mailing. However, the TCA will process a request for an Administrative Hearing beyond the 15 days, until such time that a civil judgment is entered

4) The Administrative Review Hearing will be heard by a hearing officer with the City of Irvine Police Department. The hearing will be held within 90 calendar days following the receipt of the request for the Administrative Hearing. You may choose to be present at the hearing, be heard by teleconference or have the hearing held based on the written information you provide. You will receive a date and time for the hearing by mail. You have the opportunity to request an alternate date as long as it falls within the 90-day time period and coincides with the hearing officer's normal calendar for holding such hearings. Should you elect to be heard by telephone or in person and you fail to show, it is your responsibility to reschedule the hearing prior to the scheduled hearing date. If you fail to reschedule prior to the scheduled date or fail to appear to the second scheduled hearing your appeal will result in an automatic denial.

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

The Transportation Corridor Agencies
Administrative Review Request Form

First Name   **Last Name**

Mailing Address

City   **State**   **Zip**

Phone   **Alternate Phone**

Email Address

Please provide the reference number and vehicle plate(s) related to the violations you would like to appeal.

Reference Number

Vehicle 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 in penalties due to hardship, you must complete and provide the Request for Reduction of Deposit. Attach any documents you wish to have considered and return them with this form to:

Transportation Corridor Agencies
(Administrative Review Hearing Officer)
125 Pacifica, Suite 100
Irvine, CA 92618

Any written documentation will be forwarded to the Administrative Review hearing officer. You will be notified by mail of the hearing date. 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 hearing date. If you fail to reschedule or fail to show on two occasions your appeal will result in automatic denial.

Enclose check or money order as a deposit of the toll evasion penalty. You are required to deposit the amount of the penalty(ies) up to $250. If the total exceeds $250 then you are required to deposit $250 plus 10% of penalties above $1,000. If the amount calculated for the deposit will create a financial hardship you can request a reduction by completing the Request for Reduction 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.
Date:

_____   _____   _____
(TYPE OR PRINT NAME)   (SIGNATURE)   (DATE)

Transportation Corridor Agencies
Request for Reduction of Deposit

Name:	
Street Address:	
City and Zip Code:	
Telephone No:	
Case Reference No:	

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

1. Occupation, employer and employer's address:
   Occupation:_____
   Employer:_____
   Employers: 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, most recently filed tax return, 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.
Date:

_____   _____
(Print Name)   (Signature)