HERCULES POLICE DEPARTMENT HERCULES CITATION PROCESSING CENTER P.O. BOX 10479, NEWPORT BEACH, CA 92658-0479, (866) 783-1929

REQUEST FOR PAYMENT PLAN

Full Name		
Driver's License #		
License Plate #		
Citation(s) #		

Customers requesting enrollment in the low income payment plan must provide one of the following (A, B or C):

- (A) Proof of income. Please provide your three(3) most recent pay stubs.
- A.1. My monthly income amount is \$
- A.2. Number of people residing in the household:
- (B) Must provide Verification of Benefits From for Public Assistance, or Award Letter for Social Security.

Please check the boxes that apply: Employment

In-Home Supportive Services (IHSS)

Food Stamps

General Relief (GR), County Relief or

General Assistance (GA)

Supplemental Security Income

Medi-Cal

California Work Opportunity (Cal Works)

(C) If a person has no income or does not receive public assistance, a copy of their annual earnings from the Social Security Department is required.

Standard Payment Plan - \$25 due at sign up

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
\$90 - \$150	3 months	\$30
\$151 - \$450	4 months	\$40
\$451 - \$1,000	4 months	\$120

• Maximum number of Payment Plans per year is 2. Maximum amount of fines and penalties enrolled is \$1,000 per year.

Low Income Payment Plan - \$5 due at sign up

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
Up to \$450	Up to 18 months	\$25
\$451 and above	Up to 18 months	\$50

- No limit of Payment Plans or fine amounts.
- Citations must be enrolled within 60 days of issuance or 10 days after hearing determination, whichever is
- Citation late penalties are removed at time of enrollment. Late penalties are reinstated if plan is not completed.

I certify that all statement are true and correct. Any false or incomplete information may subject me to forfeit my rights to a payment plan.

Signature (please print and sign):

Date:

Please return this form along with your supporting documents to: City of Hercules, Citation Process Center, P.O. Box 10479, Newport Beach 92658

Department Use Only

Payment Plan: [] Standard [] Low Income	
Status: [] Granted [] Denied	
Signature:	
Date:	