

Administrative Review Hearing Appeal Rights and Responsibilities

In accordance with California Vehicle Code (CVC) §§ 40255 and 40256, you have the right to contest a Notice of Toll Evasion. CVC §§ 40255 and 40256 establish a three-stage process for contesting a Notice of Toll Evasion. You do not need to deposit the outstanding toll(s) or toll evasion penalty(ies) to proceed through the first stage, the Administrative Investigation. In response to your contest, San Bernardino County Transportation Authority (SBCTA), the operator of SB Express Lanes, or its processing agency (The Toll Roads) will perform an investigation and reach a decision. That decision will either be mailed or emailed to you. If you do not agree with the decision you received in response to your contest, you have the right to appeal the decision by requesting an Administrative Review Hearing. This is the second stage in the process.

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) and/or penalties, or that the penalty imposed creates a hardship. The form must be mailed to:

**San Bernardino County Transportation Authority
C/O The Toll Roads
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). 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 you meet the income criteria in CVC § 40269.5(a)(1) – your income does not exceed 200% of the current poverty guidelines – and you provide sufficient documentation such that SBCTA is able to verify this fact, you shall only be required to deposit the outstanding toll amount.
- 3) The CVC states that a request for an Administrative Review Hearing and deposit of funds (to the extent one is required) must be made within 15 days from the date of the mailing or emailing of the results of the Administrative Investigation. However, SBCTA will process a request for an Administrative Hearing beyond the 15 days, until such time that a civil judgment is entered. Once a civil judgment has been entered, SBCTA will not accept or process an Administrative Review Hearing request for the subject toll(s) or penalty(ies).
- 4) The Administrative Review Hearing will be heard by a hearing officer with the City of Irvine Police Department. The hearing will generally be held within 90 calendar days following the receipt of the request for the Administrative Hearing. In the event SBCTA has placed a hold on the renewal of a vehicle's registration under CVC § 4770, then the hearing shall be held within 30 calendar days following the receipt of the request for the Administrative Hearing, provided you cooperate in its scheduling. 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 cannot appear at the schedule time, it is your responsibility to reschedule the hearing prior to the original 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. If you do not agree with the hearing officer's decision, you have the right to file an appeal to the superior court. The requirements for doing so are set forth in CVC § 40256. An appeal to the superior court is the third stage in the process.



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. Attach any documents you wish to have considered and return them with this form to:

**San Bernardino County Transportation Authority
C/O The Toll Roads
Administrative 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 cannot appear at the schedule time, it is your responsibility to reschedule the hearing prior to the original 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, made payable to The Toll Roads, 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 you meet the income criteria in CVC § 40269.5(a)(1) – your income does not exceed 200% of the current poverty guidelines – and you provide sufficient documentation such that SBCTA is able to verify this fact, you shall only be required to deposit the outstanding toll amount.

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 or Print Name _____

Signature _____ Date _____