



# County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

[www.rivcoeh.org](http://www.rivcoeh.org)

## ABILITY-TO-PAY ADMINISTRATIVE CITATION FINES

If you wish to request an ability-to-pay determination, you must complete this form. Please note, there is no time period associated with this request. The ability-to-pay determination can be filed in conjunction with an appeal. If you wish to contest this citation, you must file an Administrative Appeal form within twenty (20) days of the issuance date.

I HEREBY REQUEST AN ABILITY-TO-PAY REVIEW OF THIS CITATION.

X \_\_\_\_\_  
Signature Date Citation Number

Per Government Code Section 68632, the following is required to determine eligibility for the reduction of fees. Please select which qualification you meet and attach supporting documentation:

- ☐ I receive public benefits under one or more of the following programs:
- Supplemental Security Income (SSI) and Sate Supplementary Payment (SSP)  
*Article 5 (commencing with Section 12200) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code)*
  - California Work Opportunity and Responsibility to Kids Act (CalWORKs)  
*(Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program (Section 10553.25 of the Welfare and Institutions Code)*
  - Supplemental Nutrition Assistance Program  
*(Chapter 51 (commencing with Section 2011) of Title 7 of the United States Code) or the California Food Assistance Program (Chapter 10.1 (commencing with Section 18930) of Part 6 of Division 9 of the Welfare and Institutions Code)*
  - County Relief, General Relief (GR), or General Assistance (GA)  
*(Part 5 (commencing with Section 17000) of Division 9 of the Welfare and Institutions Code)*
  - Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)  
*(Chapter 10.3 (commencing with Section 18937) of Part 6 of Division 9 of the Welfare and Institutions Code)*
  - In-Home Supportive Services (IHSS)  
*(Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code)*
  - Medi-Cal  
*(Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code)*
  - California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)  
*(Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the Health and Safety Code)*
  - Unemployment compensation  
*(Chapter 5 (commencing with Section 1251) of Part 1 of Division 1 of the Unemployment Insurance Code)*
- ☐ An applicant whose monthly income is 125% or less of the current poverty guidelines.  
*Updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code or a successor statute or regulation.*
- ☐ I do not have enough income or available credit to pay for my household's basic needs. (May be required to show proof).

Submit this form online at [www.citationprocessingcenter.com](http://www.citationprocessingcenter.com), or mail it to:

COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH  
CITATION PROCESSING CENTER  
P.O. BOX 7275, NEWPORT BEACH, CA 92658-7275