

Attorney or Party without Attorney (Name, Address and Telephone number)		For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO		
STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		
APPEAL OF (name)		
NOTICE OF APPEAL (Parking Violation)	CASE NUMBER:	

IMPORTANT INFORMATION

1. This form must be filed with the court within 30 calendar days after the date of mailing of the final decision on the administrative review conducted by the parking ticket processing agency. It must be personally delivered or mailed to the court, at the address shown above, and must be received by the court, together with the required filing fee, within the 30 day period.
2. There is a \$25 fee for filing this Notice of Appeal. The fee must accompany this form. Make checks or money orders payable to: SUPERIOR COURT. If your check is returned unpaid, your appeal will be void and a returned check fee of \$40 will be charged.
3. A copy of this form must be served by personal delivery, or by First Class mail, on the parking ticket processing agency; and the proof of service on the back of this form must be completed and filed with the court fifteen (15) days prior to the hearing on your appeal.

I appeal to the Superior Court, as provided by law, from the final decision of the parking ticket processing agency on the administrative review of my parking violation.

APPELLANT'S NAME	TICKET-ISSUING AGENCY
STREET, CITY, STATE AND ZIP CODE	
APPELLANT'S SIGNATURE	DATE

FOR COURT USE ONLY		
TRIAL DATE:	TIME	DEPARTMENT
COURT ADDRESS:		

Fee Code: PNAP Action Code: PNAF Calendar Code: PNAF

NOTICE OF APPEAL (Parking Violation)

PROOF OF SERVICE OF NOTICE OF APPEAL (Parking Violation)

APPEAL OF (Name):	PARKING TICKET NUMBER:
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INSTRUCTIONS

A copy of your Notice of Appeal must be served on the parking ticket processing agency (Vehicle Code §40230(a).) Service can be made in one of the following ways: (1) Personally delivering a copy of the Notice of Appeal to a representative of the agency **OR** (2) Mailing a copy of the Notice of Appeal by first class mail, postage prepaid, addressed to the processing agency. Anyone at least 18 years old can personally serve or mail the notice. *Make sure whomever serves or mails the notice completes and signs this Proof of Service. File this Proof of Service with the court fifteen (15) days prior to the hearing on your appeal.*

1. At the time of service, I was at least 18 years old. I served this Notice of Appeal (Parking Violation) on the agency named below in the mater indicated below:

NAME OF PARKING AGENCY

2. My residence or business address is as follows:

ADDRESS
CITY, STATE AND ZIP CODE

3. Manner of Service (check and complete (a) and (b) below):

(a) **Personal Service.** I personally delivered a true copy of the Notice of Appeal as follows:

NAME OF PERSON DOCUMENT LEFT WITH:	DATE OF SERVICE	TIME OF SERVICE
ADDRESS:		


(b) **First Class Mail.** I am employed in, or a resident of, the county where the notice was mailed. I deposited a true copy of the Notice of Appeal in the United States mail, enclosed in a sealed envelope with prepaid, first class postage as follows:

DATE OF MAILING:	PLACE OF MAILING (City and State)
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ENVELOPE ADDRESSED AS FOLLOWS:

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I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

SIGNATURE	PRINT NAME	DATE
		

NOTICE OF APPEAL (Parking Violation)