

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #): STATE BAR NO: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
APPELLANT: NAME: _____ ADDRESS: _____ _____ SSN: _____ - _____ - _____ DLN: _____ ISSUING AGENCY: _____	
NOTICE OF APPEAL - PARKING	CASE NUMBER: _____

As the appellant in the above entitled action, I hereby appeal the final administrative decision on parking citation no. _____ which was originally issued by the above agency on _____.

The hearing was: Personal Conference Decision Rendered by Mail

Date of mailing of final decision by issuing agency: _____.

MANDATORY REQUIREMENTS

- This *Notice of Appeal* must be filed with the Court within 30 days the mailing of the final decision by the issuing agency;
- A filing fee of \$25.00 **must** be deposited with the Court at the time of filing;
- No later than 10 days prior to the de novo hearing (see date below), you must file proof of service with this Court that the issuing agency was served with this *Notice of Appeal*; and
- Failure to comply with each of these requirements may result in the dismissal of your appeal or denial of a de novo hearing.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

SIGNATURE OF APPELLANT

A hearing will be conducted at the Marin County Superior Court, Hall of Justice, San Rafael, California, on the date and time indicated below:

DATE	TIME
	AM / PM

KIM TURNER
Court Executive Officer

Date: _____

By: _____
DEPUTY

Upon receipt of this Notice of Administrative Appeal, the local agency shall be responsible for sending the complete file to The Marin County Superior Court within 15 days.