

Request for Hearing Review



Request for Hearing Review of a Screening Decision
(must be filed within 30 days of Screening Decision)

Please select the type of appointment you are requesting below:

In person appointment

Virtual appointment

Request for an Extension of Time to Request a Review of Screening Decision (must be filed after 31 days and before 45 days of Screening Decision; please state reason for request on the back of this form)

Penalty Order Information (please provide the information found on your Penalty Order or Notice of Screening Decision)	
Penalty Order Number	Offence Date
Screening Decision Date	

Registered Owner Information (Registered Owner of vehicle/plate)	
Name (first and last name)	
Address	
City	Postal Code
Home Telephone	

Authorized Representative (complete if person requesting Hearing Review is NOT Registered Owner of vehicle/plate)	
Name (first and last name)	
Address	
City	Postal Code
Home Telephone	

I require _____ Language Interpretation for my Hearing Review.

Note: A person may bring an interpreter with them to the Hearing Review or may use translation services through the City's language line interpretation services during the Hearing Review.

Note: Requests for Hearing Review received 31 - 45 days after the Screening Decision Date are subject to an Extension for Time to Request a Review of Screening Decision where you will be required to explain the reason the Extension is necessary. Please use the space provided on the back of this form to explain the reason for your request for an Extension Request. Depending on the decision of the Hearing Officer on your Extension Request you should be prepared to proceed with your Hearing Review on the same day.

I acknowledge that where a person fails to attend a Hearing Review, a Hearing No Show Fee of \$60.00 will be added to the amount due. Failure to attend a Hearing Review will result in the Administrative Penalty amount, including any applicable administrative fees, being deemed affirmed, due and payable, and no longer subject to any review.

Signature _____

Date _____

Note: Personal information is being collected under the authority of the *Municipal Act, 2001*. The information will only be used to communicate with you regarding your administrative penalty. Questions about this collection may be directed to our Call Centre by calling 311 (within Brampton city limits) or 905.874.2000 (outside city limits) or the Provincial Offences Courthouse at 905-874-2404.

Request for Hearing Review received within 30 days of Screening Decision Date

Request for Hearing Review received 31 -45 days after Screening Decision Date
(Extension of Time for Hearing Review)

Extension for Time to Request Hearing Review (if applicable) / Hearing Review Date

Date _____ Time _____
(MMM-DD-YYYY)

Hearing Location Hearing Room #1 - 5 Ray Lawson Blvd, Brampton, Ontario L6Y 5L7
905.874.2404

If you are unable to attend your Hearing Review you may make one written request to have it rescheduled. This request must be received at the above address no later than three (3) working days prior to the original scheduled Hearing Review Appearance date.

ON YOUR SCHEDULED HEARING REVIEW DATE PLEASE BRING ALL DOCUMENTS/EVIDENCE THAT YOU WILL BE RELYING ON DURING YOUR HEARING REVIEW.

Please provide an explanation of the reason for your Request for an Extension of Time to Request a Review of a Screening Decision

- Administration Instruction:*
- 1. Stamp Request for Hearing Review "Filed/Received"*
 - 2. Ensure form complete and complete Internal Use section*
 - 3. Scan Request for Hearing Review into Autoprocess*
 - 4. Return Original to Requestor*