



PINAL COUNTY
Wide open opportunity

HEARING OFFICE

In the Matter of:	Case Number: Complaint Number: Parcel Number: Civil Penalty Amount: \$
ADMISSION FORM Disposition Prior to Hearing - Pursuant to Rule 6	

Check Box for Admit or Deny:

<input type="checkbox"/>	<p>I ADMIT THE ALLEGATIONS OF THE COMPLAINT</p> <p><input type="checkbox"/> I have enclosed the penalty amount listed above. <input type="checkbox"/> I agree to correct the cited violation(s) prior to the date set for hearing.*</p> <p>YOU HAVE DISPOSED OF YOUR CASE AND DO NOT NEED TO APPEAR FOR HEARING.</p> <ul style="list-style-type: none"> ▪ This form must be received by the Hearing Office seven(7) days prior to hearing. ▪ *If the violation(s) are not corrected prior to the date set for hearing, your case will be re-set for hearing and the Hearing Office will notify you of the date and time of hearing. ▪ If you were cited for failing to have a license or kennel permit, your payment may be forgiven. See the back of form for details.
<input type="checkbox"/>	<p>I DENY THE ALLEGATIONS OF THE COMPLAINT AND/OR HAVE NOT CORRECTED THE VIOLATION(S).</p> <p>YOUR CASE WILL PROCEED TO HEARING ON THE DATE LISTED ON THE COMPLAINT.</p> <ul style="list-style-type: none"> ▪ You must have your witnesses present on the date and time set for hearing. ▪ If you are represented by counsel or other designated representative, you must comply with Rule 9 of the Pinal County Civil Hearing Office Rules. ▪ If you were personally served a copy of the Complaint, your failure to appear on the date and time set for hearing may result in a JUDGMENT AGAINST YOU. ▪ If you were not personally served a copy of the Complaint you will be personally served with a Notice of Hearing. ▪ YOU CAN AVOID PERSONAL SERVICE OF A NOTICE OF HEARING UPON YOU BY COMPLETING THIS FORM AND RETURNING IT TO THE HEARING OFFICE BY _____, 2011.

RESPONDENT VERIFICATION: I acknowledge the above is my admission or denial of the cited violation. I agree to waive personal service of the Notice of Hearing in the manner provided by in Rule 5 of the Pinal County Civil Hearing Office Rules and A.R.S. §§ 11-808 and 11-1006. I understand and agree that all future notices and correspondence may be served upon me by first-class mail at the address that I have provided below. I understand that a Decision may be entered against me if I fail to appear for hearing.	
Respondent: (Print Name)	Date:
Mailing Address: (Street)	(City/Zip Code)
Signature:	Phone:

SEE REVERSE SIDE FOR PAYMENT OPTIONS