

POST STORAGE HEARING QUESTIONNAIRE

Date: _____

Case File Number: _____

Do you know the person who was driving your car? YES NO

Per 14602.6(d)(1) VC

Was the car stolen? YES NO

Was the car being serviced/operated by an employee of a business establishment? YES NO

Did you allow the person to drive your vehicle? YES NO

Per 14604(a) VC

Did you know that the driver's license status was non-issued, suspended or revoked? YES NO

Per 14504(a) VC

Did you ask the person driving your car if they had a driver's license? YES NO

Per 14602.6(2)VC

Do you have a driver's license? YES NO

OR.....

Per 14602.6(e) VC

Have you reinstated your driver's license or obtained your driver's license since the impound? YES NO

If yes....do you have proof of current insurance? YES NO

Per 14602.6(2) VC

Are you the registered owner of the car and do you have current proof of registration? YES NO

Per 22852(b)(4) VC

Do you have a stipulated vehicle release on file? YES NO

Has 10 or more days passed since the date of impound? YES NO

If "yes" storage hearing is not mandated.

ALL QUESTIONS WERE ANSWERED BY REGISTERED OWNER OF VEHICLE

Signature

REQUEST FOR POST STORAGE HEARING

Instructions:

In accordance with Vehicle Code Section 22852, the legal owner, registered owner, and/or their agents are entitled to a post storage hearing to determine the validity of the storage. If a hearing is not requested within 10 days of the storage, you have waived your right to a hearing. Vehicles towed in accordance with Vehicle Code Sections 22660 through 22668, 22710, 22655 or 22658 are not subject to a hearing. After completion of this form, contact the front desk at the Merced Police Department Central Station, 611 W. 22nd Street, between 8:00 am and 12:00 pm and 1:00 pm and 4:00 pm and request to speak to the hearing officer. You are entitled to a hearing within 48 hours of your request.

Request For Information:

NAME _____ CASE# _____

ADDRESS _____ VEH. LIC # _____

CITY, STATE, ZIP _____ DATE OF STORAGE _____

DATE OF BIRTH _____ DRIVER'S LIC. # _____

DAY PHONE _____ NIGHT PHONE _____ CELL PHONE _____

DRIVER @ TIME OF STOP _____ DRIVER LIC # _____

Request for Storage Hearing:

I am requesting a post storage hearing. Following or attached is the reason for requesting this hearing.

Signed _____ Dated: _____

Hearing Findings (For Office Use Only)

After hearing it has been determined:

The Storage is upheld

The storage is upheld with stipulation.

The Storage is overturned.

Explanation:

Hearing Officer _____ Badge _____ Date _____

