

# **PROCEDURES TO REQUEST A HEARING**

## **You May Appeal Your Exclusion from Community Services & Parks (CSP) Facilities and Suspension of CSP Privileges By Requesting an Informal Hearing.**

*You may request an informal hearing to appeal your exclusion from CSP facilities and suspension of CSP privileges. At the hearing, you may bring a person to assist you, ask questions, explain your side of what happened, and present evidence. If the Director of CSP or a designee determines that you did not engage in the behavior or conduct listed under "Reason for Suspension," and that the action to exclude you and suspend your privileges is unwarranted, the exclusion and suspension will be withdrawn.*

### **Complete and Return PART B form— See next page.**

*To request a hearing, follow the directions below:*

- *Complete and return PART B form, "Request for Hearing to Appeal Exclusion and Suspension", to CSP's Administration Office, 613 E. Broadway, Rm. 120, Glendale, California 91206, Fax: (818) 548-3789, within FIVE (5) "BUSINESS DAYS" after the "Notification Date" written on the NOTICE OF EXCLUSION FROM CSP AND SUSPENSION OF CSP PRIVILEGES.*

"Business days" are defined as those days in which the CSP's Administration Office is open for business for any part of the day.

You are responsible for delivering, faxing or mailing PART B within five (5) "Business days" in order for CSP to consider your appeal as timely.

### **Hearing Date:**

After you have returned PART B, CSP will send you a notice that will provide you with the hearing date, time, and location. CSP will mail you the notice within two (2) business days after the day on which CSP receives your request for a hearing. If you do not have an address, you must return to CSP's Administration Office— within three (3) business days after the date on which you submitted PART B to CSP's Administration Office— to pick up your notice of hearing date, time, and place.

### **Hearing Procedure:**

When you arrive for your hearing, you will be provided with the opportunity to present evidence or reasons why your exclusion from CSP facilities and suspension of CSP privileges should be withdrawn. If the Director of CSP or a designee determines, by a preponderance of the evidence, that you did not engage in the behavior or conduct listed under "Reason for Suspension," and that the action to exclude you and suspend your privileges is unwarranted, the exclusion and suspension will be withdrawn. A parent or guardian must accompany a minor (under the age of 18 years) to the hearing.

### **Hearing Determination:**

At the end of the hearing, the Director of CSP or a designee will verbally tell you whether your exclusion from CSP and suspension of privileges will be upheld, partially upheld, or withdrawn. The Director of CSP or a designee will tell you the factual reasons for the decision. Within three (3) business days after the date of your hearing, the Director of CSP or a designee will mail you a hearing determination that will restate what you were told at the hearing. If you do not have an address, you must return to CSP's Administration Office— four (4) business days after the hearing— to pick up a copy of the hearing determination. The hearing determination will include findings of fact in support of the decision. The Director of CSP's or a designee's decision is final and non-appealable.

*City Attorney approved this Notice as to form on 2/9/16.*



**NOTICE OF EXCLUSION FROM CSP  
AND SUSPENSION OF CSP PRIVILEGES**

**PART B**

*REQUEST FOR A HEARING TO APPEAL EXCLUSION & SUSPENSION*

**Yes, I want an informal hearing to appeal my exclusion from City of Glendale’s CSP facilities and suspension of my CSP privileges.**

**Notice** was issued by (Staff Name): \_\_\_\_\_ **Notification Date** was: \_\_\_\_\_

**Incident/Violation Date** was: \_\_\_\_\_ **Location of Violation** was: \_\_\_\_\_

|                                      |                  |               |                       |
|--------------------------------------|------------------|---------------|-----------------------|
| <b>Name of Person Issued Notice:</b> |                  |               | <b>Date of Birth:</b> |
| <b>Address:</b>                      |                  |               | <b>City:</b>          |
| <b>State:</b>                        | <b>Zip Code:</b> | <b>Phone:</b> | <b>E-mail:</b>        |

**Reason for Appeal:**

**RETURN THIS PART B FORM:**

• *By mailing, faxing or dropping it off to CSP’s Administration Office, 613 E. Broadway, Rm. 120, Glendale, California 91206. Fax: (818) 548-3789.*