

Date: _____

**PARKING ENFORCEMENT
REQUEST TO SCHEDULE COURT HEARING**

By submitting the information below you acknowledge that you are the registered vehicle owner

(Please print all information)

Name: _____
(Registered Vehicle Owner)

Address: _____
Street Address

City State Zip Code

Date of Birth: _____
Month / Day / Year

Parking Ticket #: _____

Vehicle Registration: _____
State Plate Number

Drivers License #: _____
State Number

Please complete and return this form within ten days of receipt to the address below to insure prompt processing of your request for a court hearing:

**Civil Appeals Director
Office of Public Safety
300 North Walnut Street, 2nd Fl
Wilmington, DE 19801**

When your hearing date has been scheduled, you will receive written notification from the Justice of the Peace Court #20. Should you have any questions regarding this matter you may call the Civil Appeals department at (302) 576-3908.