



# HAMPTON ROADS TRANSIT

## REQUEST FOR APPEAL

FOR ADA COMPLEMENTARY PARATRANSIT SANCTION(S)

### THIS SECTION TO BE COMPLETED BY HAMPTON ROADS TRANSIT

Date of This Notice: [Click here to enter a date.](#)

Name of Appellant (print):

Mailing Address on Record:

(city)  (state)  (zip)

Deadline for Appeal to be Filed (60 days from the date of this notice): [Click here to enter a date.](#)

**IMPORTANT: If you wish to file an Appeal, your request must be postmarked, received by a courier service (i.e.: Fed Ex, UPS, etc), or hand delivered to the Hampton Roads Transit office no later than the date indicated as “60 days from the date of this notice”.**

### THIS SECTION IS TO BE COMPLETED BY PERSON APPEALING:

All information in this form must be completed so the Panel will be prepared to hear your Appeal. You may attach additional pages as necessary pertaining to your Appeal. Provide as much information as possible including, but not limited to, professional verification, medical or otherwise, as to why or how your behavior or circumstances were beyond your control. **Please be advised: Completing this form in its entirety is not a requirement for an appeal, but any lack of information submitted by you on this form may limit the panel’s decision options should you choose not to appear for the appeal proceeding in person.**

1) Appealing: Please check all that apply:

- Late Cancells
- No Shows
- Passenger Behavior
- Need for Personal Care Attendant (PCA)
- Other (explain briefly)

2) Explain why you disagree with the sanction or the reason for it.

3) If you believe that your behavior or circumstances were beyond your control, please explain:

4) If you believe that your behavior or circumstances were not a pattern or practice, please explain:

5) Do you want an in-person hearing for this Appeal?  Yes  No

Note: If you respond "no", the Panel will base their decision solely on the basis of written materials presented by you and Hampton Roads Transit.

6) If you require any equipment or accommodation to present your appeal, please specify (e.g. sign interpreter, audiovisuals, accessibility, etc.)

7) If you wish to present witness (es) on your behalf, please identify who they are;

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**Is there any other information or documentation that you think the Appeals Panel should have in order to fairly consider your request? If so please explain on the Additional Information page and attach any documents to this form.**

PLEASE SIGN AND DATE YOUR APPEAL REQUEST:

I hereby request an appeal of my eligibility determination in accordance with the USDOT regulations under the Americans with Disabilities Act (49 CFR Sec 37:125(g)). I further declare that the above information is accurate and correct, to the best of my knowledge.

---

Signature

Date

PLEASE REVIEW THE HAMPTON ROADS TRANSIT APPEALS POLICIES & PROCEDURES

If you have any documents or reports that you wish the Appeals Panel to consider, please provide them with this request. Hampton Roads Transit will copy and/or provide accessible format(s) for materials that we receive at least five (5) business days before the date of the hearing. You are responsible for copies and accessible formats for any other materials, consistent with the "Appeals Policies & Procedures."

MAIL, HAND-DELIVER OR COURIER  
YOUR REQUEST FOR AN APPEAL TO:

Hampton Roads Transit  
Attention: Paratransit Appeals  
3400 Victoria Boulevard  
Hampton, VA 23661

YOU MAY ALSO HAND-  
DELIVER YOUR REQUEST TO;

HRT Southside Office  
Attention: Paratransit Appeals  
509 East 18<sup>th</sup> Street  
Norfolk, VA 23504

**ADDITIONAL INFORMATION** ( Please include question number if applicable)