

TRAFFIC TICKET INFORMATION SHEET

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____

Mailing Address: _____

Fcvfv

Do you have a valid driver's license? Yes No Driver's License #: _____

Do you have a commercial driver's license? Yes No

Email Address: _____ I authorize emails from this office.

Car Make, Model, Year: _____

TICKET INFORMATION:

Ticket Number: _____ Violation Date: _____

Violation: _____

County where ticket was written: _____

Court: _____

Have you received a ticket in the last 3 years? Yes No If yes, was it a speeding ticket? Yes No

Has anyone on your insurance policy used a prayer for judgment continued in the last 3 years? Yes No

Has anyone on your insurance policy received a moving violation citation in the last 3 years? Yes No

Has anyone on your insurance policy received a moving violation in the last 3 years? Yes No

Have you taken a defensive driving course within the past 12 months? Yes No

How were you referred to us? _____

1. I have not made a plea with the court nor have I ever approached the court regarding this citation(s). INI _____

2. I understand without a copy of a current valid Driver's License I will not be eligible for deferred adjudication and citation will appear on my driving record. INI _____

Signature

Date

Please attach any files or documents to the email or include in fax.