

Name: _____

DOB: ____/____/19____

Address: _____

Tel: () -

Cell: () -

Citation #: _____

License #: _____

Traffic School Completion Date (Must Be Accurate): _____

Court Name: _____

Court Address: _____

Please input what is listed on your driver's license:

Weight: ____ lbs. Height: __ft. - __in. Eye Color: _____ Hair Color: _____

Plate #: _____

Mother's Maiden Name: _____

SSN: ____ - ____ - ____

Car Make & Year: _____

Born In (City & State): _____

1) What Was The Year Of The Vehicle You Were Driving When Cited? _____

2) Was The Vehicle You Were Driving When Cited Registered In Your Name? YES NO

3) What Is Your Age?..... _____

4) Are You Currently Registered To Vote In California? YES NO

5) Have You Served On A Jury In California In The Last 5 Years? YES NO

6) What Is The Weight Listed On Your Driver License? _____

7) What Year Does Your Driver License Expire? _____

8) What Are The First 3 Digits Of Your Social Security? _____

9) How Many Vehicles Are Registered In Your Name? _____

10) In What Town Or City Were You Born? _____

OFFICE USE ONLY	
Amount Paid: \$	_____
Date Started:	_____
Date Graduated:	_____
Time Graduated:	_____
Authorization #:	_____
School Price: \$	_____

Some questions are repeated, please answer all.