

TRAFFIC & CRIMINAL INFORMATION LIST
Please fill this out and e-mail back to Kim King.

FULL NAME _____

MAILING ADDRESS _____

BEST WAY TO REACH YOU _____

DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

COUNTY OF OFFENSE _____

COURT DATE _____

WHAT YOU WERE CHARGED WITH _____

NAME OF OFFICER _____

ANY PROBLEMS WITH THE OFFICER? _____

LIST ANYTHING ELSE ON YOUR DRIVING RECORD _____

LIST ANYTHING ON YOUR CRIMINAL RECORD (IF APPLICAPABLE) _____