



DEFENDANT INFORMATION FORM

Copy Provided: DL / ID / Affidavit
(CIRCLE ONE)

Citation Number(s) : _____

PLEASE PRINT CLEARLY

Name
First : _____ Middle : _____ Last: _____

D.O.B. ____/____/____ Driver's License / ID # _____ State: _____

Current Address: _____ Apt No. _____

City: _____ State _____ Zip _____

Cell Phone No. : _____ Home No.: _____

Email Address: _____

By signing below, I verify under penalty of perjury under the laws of the United States of America, that the above information is true and correct.

This form must be filled out and signed by the person that received the citation.

Defendant's Signature

Date

For Office Use:

Information Provided on _____ at _____ A.M. / P.M.

_____ **INFORMATION UPDATED/VERIFIED**

Clerk: