

LAW OFFICE OF ANDREW HOVERMAN, LLC

TRAFFIC TICKET INFORMATION SHEET

GENERAL BACKGROUND

Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Email Address: _____

License Class: _____ State of License: _____

Do you have a CDL license: Y/N If yes, class of license? _____

Prior Criminal/Traffic Record: _____

INCIDENT

Date of Incident: _____ Time: _____ AM/PM

Location of stop: _____

What law enforcement agency stopped you, e.g. Maryland State Police, County Police, City Police, Park Police? (specify name of agency): _____

STOP BY OFFICER

What was the reason the officer gave for stop? _____

Do you agree with that reason? _____

Immediately prior to the stop, was there anything mechanically wrong with your vehicle? _____

In general terms, what happened after the officer stopped you? _____

GENERAL HISTORY

What would you like to see happen with respect to the pending charges? (Dismissed, reduced, no points, etc.) _____

Please list the **name(s), address(es) and telephone number(s)** of all witnesses (if applicable).

Name:

Address:

Telephone: