

TRAFFIC SCHOOL REQUEST

Before signing this agreement, please read it thoroughly. If you have any questions or need legal advice, please consult legal counsel of your choice or contact the Oregon State Bar referral Service at 1-800-452-7636.

I hereby certify that I have had no other moving traffic violations or traffic crimes within the past two years anywhere and have not previously participated in a traffic school program through this or any other court within the past two years. **I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM WAIVING MY RIGHT TO TRIAL AND ENTERING A PLEA OF GUILTY.** The acceptance of my guilty plea shall be deferred for 90 days.

I am enclosing the non-refundable traffic school court fee in the amount of \$_____ (from the chart) for docket, summons, or citation #_____

and understand that I will be required to complete an approved traffic school within 90 days of the date of this agreement. Once the terms of the agreement have been satisfied, I understand that the charge will be dismissed and will not appear on my driving record.

IF I FAIL TO ATTEND AND COMPLETE TRAFFIC SCHOOL WITHIN THE ALLOTTED 90 DAYS, MY GUILTY PLEA WILL BE ENTERED BY THE COURT AND THE CONVICTION WILL APPEAR ON MY DRIVING RECORD.

The previously paid fee will be applied to the assessed fine and the case will be closed.

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____

DAYTIME: _____

Signature _____ DATE: _____

Mail to: Shady Cove Municipal Court
P.O. Box 1210
Shady Cove, OR 97539

ALL REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE COURT.

If you would prefer to pay by Credit Card, Please fill out the following information!

CREDIT CARD PAYMENT	
Name: _____	
Visa	Master Card (Please, circle one)
Card# _____	
Exp. Date: _____	Amount Authorized \$ _____
Signature _____	

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