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The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Traffic Ticket Questionnaire

I am providing this information for the purpose of completing a defense to a traffic ticket. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

NOTE: We provided document preparation services only. If you need advice you may need to seek the assistance of an attorney.

Name

Date

Signature

TRAFFIC TICKET DEFENSE QUESTIONNAIRE

YOUR NAME: _____

YOUR ADDRESS _____

PHONE NUMBER: _____

PLEASE EXPLAIN YOUR SITUATION:

ARE YOU GUILTY OF THE OFFENSE? YES NO NO-CONTEST

DO YOU FEEL YOU WERE IMPROPERLY CITED? YES NO

IF SO, WHY DO YOU FEEL THAT YOU WERE IMPROPERLY CITED: (PLEASE EXPLAIN)

WHAT RESOLUTION ARE YOU SEEKING?

ANYTHING ELSE YOU WOULD LIKE TO ADD?

ATTACH MORE PAGES IF NECESSARY