

O. Randolph Rollins, PLC
Application for Traffic Defense Services

Personal Identification

Full Name	Telephone
Previous Names (If any):	Cell:
Date of Birth	Contact No.
US Citizen Yes No	
Social Security Number	

Legal Residence

Street	Apt No.
City/County	State and Zip
Telephone	
Own _____ Rent _____ Family _____ (check one)	
If Rent, Contact Name	Phone
How long at this address mo/yr	
e-mail address	

Personal Identity Documents

	Do You Have? (Check all that apply)		
Birth Certificate	Yes	No	
Virginia Drivers License	Yes	No	Customer No.: _____
Virginia Personal Identification Card	Yes	No	Customer No.: _____
Criminal Justice Agency Offender Information Form	Yes	No	
US Passport	Yes	No	
Other Passport	Yes	No	
Social Security Card	Yes	No	
Employer Check Stubs (two most recent)			

Family Information

Married? Yes No Name	Living Together Yes No Name
Number of Dependents	
Child Support Orders (fill out completely)	
Name	\$ mo
Name	\$ mo
Name	\$ mo
Household Income (take home pay of all residents)	\$ mo

Employment

Employed Yes No	Monthly Income
Self Employed Yes No	How long?
Social Security Disability Yes No	How long?
Other Income Source: _____	
Employer/Name of Business	Address
Supervisor	Phone
Your Position	Salary \$ mo Hourly \$ hr
Work Hours	Hours per week
How Do You Get There?	Time Traveling (per day)

Outstanding Garnishments (list separately)

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Driving Record		
Past Virginia Driver's License	Yes No	License No
Present License	Yes No	
<i>Restrictions/Offenses</i>		Check all that apply
Driving Under Influence (DUI)		_____
Suspend - Not Paying Child Support		_____
Suspend - Not Paying Fines and Costs		_____
Habitual Offender		_____
Driving on Suspended		_____
Do you have your DMV Driver History Transcript?	Yes No	
Do you have your DMV Compliance Summary?	Yes No	
Pending Traffic Case(s)		
Date	Charge	Court
Description of Facts:		
Criminal Offender Record (if applicable)		
Convictions (make separate list - offense & sentence)		
Time Served (years)	Place of Incarceration	
Release Date		
Parole/Probation Officer	Court	
Telephone		
Do you have CCRE Report from State Police	Yes	No
Certification		
I certify that all the information in this Application is true and correct.		
No services are promised or will be rendered until this Application is accepted.		
For services to be provided, a retainer agreement must be signed and		
Any required fees must be paid		
Signature		Date
DID YOU SEND:		
<input type="checkbox"/> DMV Request Form		
<input type="checkbox"/> \$20.00 Check or Money Order		
Mail to:		Office Location:
DRIVE-TO-WORK		DRIVE-TO-WORK
P.O. Box 14526		1735 Summit Avenue
Richmond, VA 23221		Richmond, VA 23230
		804-358-6727; 804-358-7000 (fax)
rev08/04/09; 09/24/10		1-877-358-6727

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