

**CITY of PORT ORFORD
MUNICIPAL COURT
555 W 20th St. P.O. Box 310
PORT ORFORD, OR 97465
(541) 366-4570 FAX (877) 281-5308**

TRAFFIC SCHOOL

TO QUALIFY FOR TRAFFIC SCHOOL YOU MUST MEET THE FOLLOWING CRITERIA:

- You have received no other moving violations or traffic crime charges in the last three years.
- You have not participated in another traffic school program anywhere in the last three years to keep a conviction off of your driving record.
 - You have a valid non-commercial driver's license or permit.

Please submit your payment in the amount of the presumptive fine listed on your citation and mail it with this completed form to.

This must be received by your court appearance date. Once the court receives the traffic school request and your payment, it will be reviewed. Upon approval, information will be mailed to you.

AGREEMENT: Before signing this agreement, please read it thoroughly. If you have 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. Port Orford staff cannot give legal advice.

I hereby certify that I have had no other moving traffic violations or traffic crimes anywhere within the past three years and have not previously participated in a traffic school program through this or any other court within the past three years.

I am enclosing the presumptive fine amount listed on my citation in the amount of \$_____ for docket, summons, or citation number _____ and understand that I will be required to complete an approved online traffic school and mail or email the certificate of completion to Port Orford Municipal Court within 60 days of the date of this agreement. Once the terms of the agreement have been satisfied, I understand that the charge will not appear on my driving record.

IF I FAIL TO ATTEND AND COMPLETE ONLINE TRAFFIC SCHOOL WITHIN THE ALLOTTED 60 DAYS, MY NO CONTEST PLEA WILL BE ENTERED BY THE COURT AND THE CONVICTION WILL APPEAR ON MY DRIVING RECORD.

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

MAILING ADDRESS: _____

DAYTIME PHONE: _____ DRIVER LIC #: _____

SIGNATURE: _____ DATE: _____