

CUYAHOGA COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION TRAFFIC COURT

(PLEASE PRINT)

(THIS FORM MUST BE COMPLETELY FILLED OUT AND YOU MUST PRESENT YOUR LICENSE TO
PROCEED WITH YOUR HEARING)

TODAY'S DATE: _____

AS A PARENT, ARE YOU A LICENSED ATTORNEY AND ACTING AS LEGAL COUNSEL FOR YOUR CHILD? YES NO
IF YES, PLEASE PROVIDE A BUSINESS CARD (OR NAME, ADDRESS AND PHONE NUMBER) AND YOUR OHIO
SUPREME COURT BAR NUMBER (only required if parent is a licensed attorney): _____

CASE NUMBER: _____ YOUTH'S LICENSE/STATE ID #: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

YOUTH'S NAME: _____

FIRST MIDDLE INITIAL LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

D.O.B.: _____ RACE: _____ SEX: _____

DATE OF TICKET: _____ HOME PHONE #: _____

CELL PHONE #: _____ E-MAIL ADDRESS: _____

PARENT 1/GUARDIAN'S NAME: _____

FIRST MIDDLE INITIAL LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

D.O.B.: _____ RACE: _____ HOME PHONE#: _____

CELL PHONE #: _____ E-MAIL ADDRESS: _____

PARENT 2/GUARDIAN'S NAME: _____

FIRST MIDDLE INITIAL LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

D.O.B.: _____ RACE: _____ HOME PHONE#: _____

CELL PHONE #: _____ E-MAIL ADDRESS: _____

4/30/2021