

**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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<b>Driving Record</b>		
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	
<b>Pending Traffic Case(s)</b>		
Date	Charge	Court
Description of Facts:		
<b>Criminal Offender Record (if applicable)</b>		
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	
<b>Certification</b>		
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		
<b>Signature</b>		<b>Date</b>
<b>DID YOU SEND:</b>		
<input type="checkbox"/> DMV Request Form		
<input type="checkbox"/> \$20.00 Check or Money Order		
<b>Mail to:</b>		<b>Office Location:</b>
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

	<a href="http://www.drivetowork.org">www.drivetowork.org</a>





