



THE CATHOLIC UNIVERSITY OF AMERICA

Department of Public Safety

Traffic Appeal

INSTRUCTIONS

A) FILE APPEALS FORM WITHIN 10 DAYS OF THE ISSUE DATE WRITTEN ON THE CITATION

B) ATTACH TICKET

C) POST THE FULL COLLATERAL FOR THE CITATION

CONTACT INFORMATION

NAME: _____ CUA ID NUMBER: _____
FIRST MI LAST

ADDRESS: _____
NUMERICAL STREET CITY STATE ZIP

PREFERRED E-MAIL ADDRESS: _____

STATUS (CIRCLE ONE): COMMUTER STUDENT; RESIDENT STUDENT; FACULTY; STAFF; OTHER: _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER: _____ STATE: _____ MAKE: _____ MODEL: _____

PLEA

I DENY THE COMMISSION OF THE VIOLATION NOTED ON THE ATTACHED TICKET(S).

I ADMIT THE COMMISSION OF THE VIOLATION NOTED ON THE ATTACHED TICKET(S)
BUT WISH TO ASSERT AN EQUITABLE DEFENSE.

STATEMENT

STATE YOUR DEFENSE IN THE SPACE BELOW. YOU MAY DESCRIBE OR DRAW YOUR RENDITION OF THE OFFENSE. PLEASE ATTACH ANY SEPARATE DOCUMENT YOU HAVE PREPARED.