Voluntary Assessment Center P.O. Box 7039 Dover, Delaware 19903 302-739-6911

"Request To Transfer From VAC"

Name:	
Address:	
City/State/Zip:	Ticket Number:
Phone:	Date of Violation:
Email Address:	
Please check one of the following r	easons:
I wish to transfer to a JP Court.	
be reached or I may be eligible for a Probat i to the court a 5-year certified driving record	I first be scheduled for the Police Prosecution Program, where a plea agreement marion Before Judgment (PBJ); 2) If I am not a Delaware licensed driver, I must provide I, showing no prior convictions during that time, in order to be eligible for PBJ; 3) If If, after speaking with the Police Prosecutor, I still wish to plead not guilty, then make
I wish to request a transfer to the	he Court of Common Pleas.
I understand that if the Court of Co to a JP Court and will follow the above listed	ommon Pleas does not have jurisdiction over my charge(s), my case will be transferred procedure.
•	g this request my traffic ticket is no longer considered a further questions, I must contact the court where my hearing will be
Do you require an interpreter ? If s	so, what language?
Signature:	Date: