

ADVANCED JUVENILE DRIVER IMPROVEMENT PROGRAM (AJDIP) APPLICATION FORM

THIS FORM MUST BE SUBMITTED TO THE MAGISTRATE THE AT BEGINNING OF THE PRELIMINARY HEARING

NAME: _____

ADDRESS: _____

CASE NUMBER: **TR** _____

DRIVER'S LICENSE NUMBER: _____

NOTE: *This petition is ONLY for juveniles subject to a Mandatory Suspension for a 2nd or 3rd moving traffic violation.*

Please list the reasons why a mandatory suspension would seriously affect your ability to continue employment, educational or vocational training or treatment:

I, _____, understand that completing this petition for a Waiver of Mandatory Suspension for a 2nd or 3rd moving traffic violation is not a guarantee that my petition will be granted. I also understand that the fee for the AJDIP program is payable to a private provider of the program and is separate from any fines or Court costs which may be given as a consequence of this traffic violation. I further understand that a parent and I will have to return to Traffic Court for a separate Dispositional Hearing after the AJDIP program is completed. If I fail to attend this Dispositional Hearing I will be subject to additional penalties including possibly forfeiting my license.

Juvenile

Date

Parent or Legal Guardian

Date