

DEFERRAL REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ DLN# \_\_\_\_\_

Court to Pay: \_\_\_\_\_ Charge: \_\_\_\_\_

IF SPEEDING CLOCKED SPEED: \_\_\_\_\_

Officer/Agency: \_\_\_\_\_

Date Rec: \_\_\_\_\_ Due Date: \_\_\_\_\_

State statute: \_\_\_\_\_

Ticket No: \_\_\_\_\_

Information must be correct and complete in order to process. Further info. Call 317-745-9829

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For Prosecutor use only:

Deferral Terms: \_\_\_\_\_

Months: \_\_\_\_\_

Case No: \_\_\_\_\_

Pros. Attorney: \_\_\_\_\_

Pros. Attorney Initials: \_\_\_\_\_

Any questions: email [dhutte@co.hendricks.in.us](mailto:dhutte@co.hendricks.in.us) or [rroahrig@co.hendricks.in.us](mailto:rroahrig@co.hendricks.in.us)