

Submit to:
The City of Providence
25 Dorrance Street
Providence, Rhode Island 02903

HEARING REQUEST FORM

IF YOU ARE A SETTLEMENT CLASS MEMBER AND WANT TO CHALLENGE YOUR SPEEDING CITATION BY ATTENDING A NEW HEARING AT THE PROVIDENCE MUNICIPAL COURT, YOU MUST FILL IN THIS FORM COMPLETELY AND SUBMIT IT TO THE CITY OF PROVIDENCE BY SEPTEMBER 14, 2018. IF YOU WANT TO CHALLENGE MORE THAN ONE CITATION, YOU MUST FILL IN AND COMPLETE THIS FORM FOR EACH CITATION.

IF YOU DO NOT WISH TO CHALLENGE YOUR SPEEDING CITATION(S), YOU SHOULD NOT FILL OUT THIS FORM. YOU DO NOT NEED TO SUBMIT THIS FORM AND ATTEND A HEARING AT THE PROVIDENCE MUNICIPAL COURT TO OBTAIN EITHER A \$20.00 REFUND (IF YOU ALREADY PAID YOUR CITATION) OR A \$20.00 REDUCTION IN THE FINE (IF YOU HAVE NOT YET PAID YOUR CITATION).

PLEASE READ THE DIRECT-MAIL NOTICE (TO WHICH THIS FORM IS ATTACHED) TO DETERMINE IF YOU WANT TO CHALLENGE YOUR SPEEDING CITATION BY ATTENDING A HEARING AT THE PROVIDENCE MUNICIPAL COURT.

PLEASE NOTE THAT YOUR NAME, ADDRESS, AND OTHER INFORMATION PROVIDED WILL BE PROVIDED TO THE CITY OF PROVIDENCE, THE COURT, CLASS COUNSEL, AND/OR THE CITY'S COUNSEL, IF NECESSARY.

PLEASE TYPE OR PRINT LEGIBLY

NOTE: ONLY COMPLETE THIS FORM AND SUBMIT IT TO THE CITY OF PROVIDENCE IF YOU WISH TO CHALLENGE YOUR SPEEDING CITATION BY ATTENDING A NEW HEARING AT THE PROVIDENCE MUNICIPAL COURT. IF YOU COMPLETE THIS FORM, YOU MUST ATTEND THE NEWLY SCHEDULED HEARING OR YOU WILL BE DEFAULTED.

Step 1: Verify Your Contact Information

First Name Last Name

Address

City State Zip

Email Address: _____

Step 2: Request for Hearing to Challenge Speeding Citation(s) by attending a hearing at the Providence Municipal Court/Verify Citation Number and Date.

1. I request a hearing before the Municipal Court to challenge a speeding citation(s) and I:

have already paid for my speeding citation(s); **OR**

have NOT already paid for my speeding citation(s).

2. Citation No.: _____

3. Date of Citation: _____

Step 3: Certify Information Provided and Submit Hearing Request Form

I certify under the pains and penalties of perjury that the information provided on this Hearing Request Form is true and correct. I understand that I am subject to punishment if any information is deliberately false.

Signature: _____ Date (mm/dd/yyyy): _____

Phone #: (_____) _____

THIS FORM MUST BE SUBMITTED BY SEPTEMBER 14, 2018, TO:

**THE CITY OF PROVIDENCE
25 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903**