



Smyth County Sheriff's Office

AFFIDAVIT OF REBUTTAL

Mail This Form To:
Smyth General District Court
Smyth County
109 West Main Street
Suite 1022
Marion, VA 24354-2534

Summons Number: _____

Vehicle License Plate Number: _____ **State:** _____

If the registered owner of the vehicle received a notice of summons for speeding but was not operating the vehicle at the time the violation occurred, the owner of a vehicle may present an Affidavit of Rebuttal by mail or, in open court to rebut the assumption that you, as the registered owner, were operating the vehicle at the time of the alleged violation.

***NOTE: This affidavit does not constitute as a request for a hearing, that form is located under the "Contest your Citation" tab of the website where this form was found.**

You must accurately write the entire Summons Number that appears in the box in the upper right of the front of the Notice of Summons. Also, please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. **Information of the person who was operating the vehicle at the time of the alleged violation must be provided below and notarized. If proper information is not provided, the request will be invalid.**

I received the Notice of Summons number listed above. At the time of the violation,

Another party was operating the vehicle at the time of the violation. The designated party who may be held liable for the violation is provided below. (ALL INFORMATION MUST BE COMPLETED)

Vehicle was stolen and was operated by a person other than the registered owner (include copy of the police report)

Vehicle license plate and/or tag was stolen (include a copy of the police report)

Commercial motor vehicle and the ticket is issued to a corporate entity

***I declare under penalty of perjury under the laws of the State of Execution of this form that the*
information provided in this declaration is true and correct to the best of my knowledge.**

Your Signature

Date

Print your name

Your telephone number

Your Street Address

City

State

Zip Code

DESIGNATED PARTY: _____
Print Drivers name

Street Address of Driver

City

State

Zip Code

State of _____:

County of _____:

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____.

Notary Public